



National Highway Traffic Safety Administration

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

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National Highway Traffic Safety Administration

CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

PSU 04 CASE NO. 085C TYPE OF ACCIDENT Rear-End

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. Do not include any personal identifiers.)

V1 was traveling west on a two lane roadway approaching an intersection controlled by traffic lights. The driver stated that upon the light turning green, he made a right hand turn on a four lane roadway. V1 was then traveling north in the left lane. V2 was traveling north on the four lane road also in the left lane behind V1. The driver of V2 stated he just passed an intersection with an amber traffic signal. V2 stack V1 in the rear just north of the intersection. Both vehicles rotated clockwise. V1 hit the curb on the east edge roadway and rolled over two quarter turns onto the roof. V1 came to rest facing south. V2 came to rest at the east edge of the roadway facing south east. Both vehicles were towed and all the occupants were transported to the hospital. The driver of V2 and the passenger of V1 were hospitalized.

	B. VEHICLE PROFILE(S)										
	Class		Most Seve Based on Vehi								
Vehicle No.	of Vehicle	Year/Make/Model	Damage Plane	Severity Description	Component Failure						
1	Intermediate	1994 Buick Reqal	Back	Moderate	None						
2	Pick-Up	1963 Cheverolet C-10 Pick-Up	Front	Moderate	None						

DO NOT SANITIZE THIS FORM

	C. PERSON PROFILE(S)								
Vehicle		Seat	Restraint		Most S (TO BE COMPLE	Severe TED BY	Injury ZONE CENTER)		
No.	Role	Position	Use	Body Region	Injury Type	AIS	Injury Source		
1	Driver	LF	3pt. Passive	lower extremety	strain	/	impact force unbrown windshield		
1	Pass.	RF	3pt. Passive	abdomen.	unbrawn	7	leverale &		
2	Driver	LF	None Avail.	lar	paulara	/	wir		

Body Region

Abdomen Ankle—foot Arm (upper)

Back-thoracolumbar spine

Brain
Chest
Ears
Eye
Elbow
Face
Forearm
Head — skull

Heart Kidneys Knee

Leg (lower) Liver

Lower limbs(s) (whole or unknown part)

Mouth

Neck-cervical spine

Nose

Pelvic - hip

Pulmonary-lungs

Shoulder Spleen Thigh

Thyroid, other endocrine gland

Upper limb(s) (whole or unknown

part) Vertebrae Whole body Wrist-hand

Injury Type

Abrasion
Amputation
Avulsion
Burn
Concussion
Contusion
Crush

Detachment, separation

Dislocation

Fracture

Fracture and dislocation

Laceration Other

Perforation, puncture

Rupture

Sprain Strain

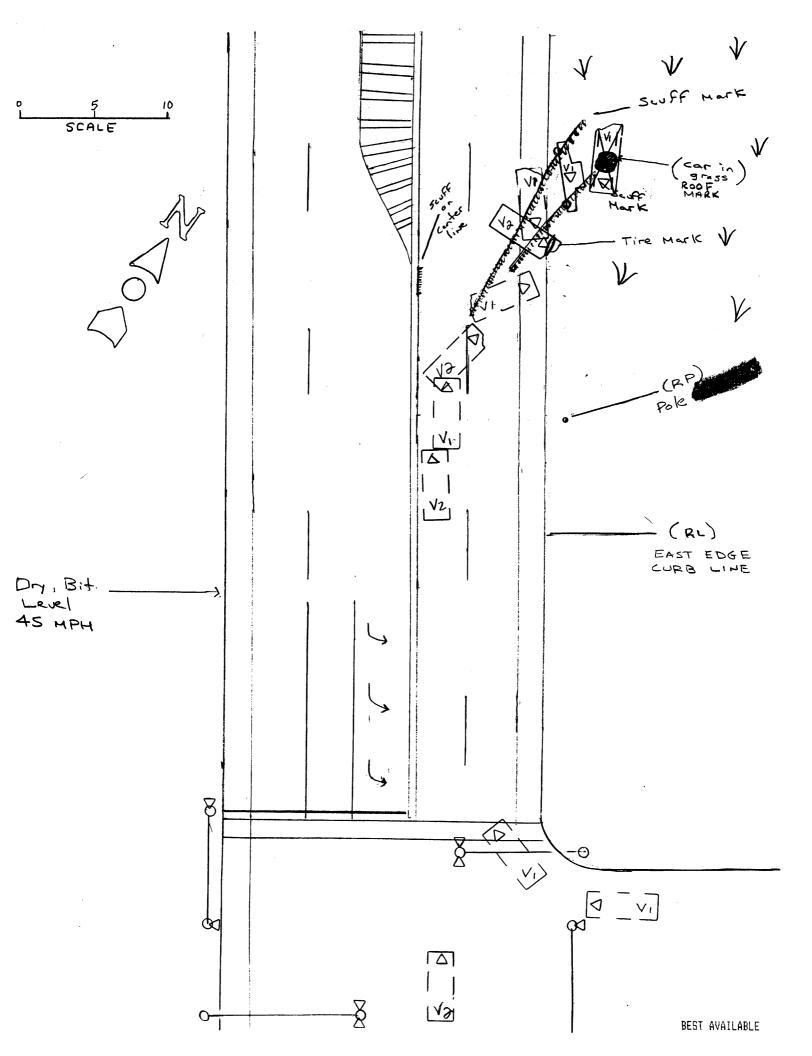
Total severance, transection

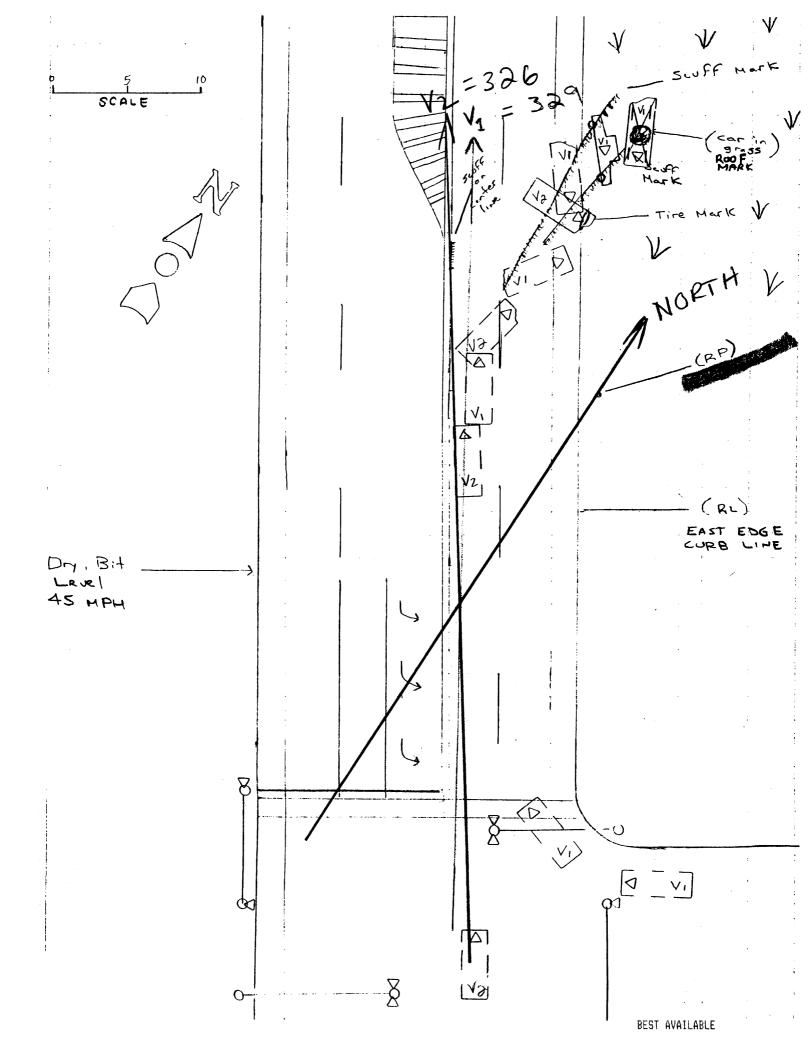
Unknown

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

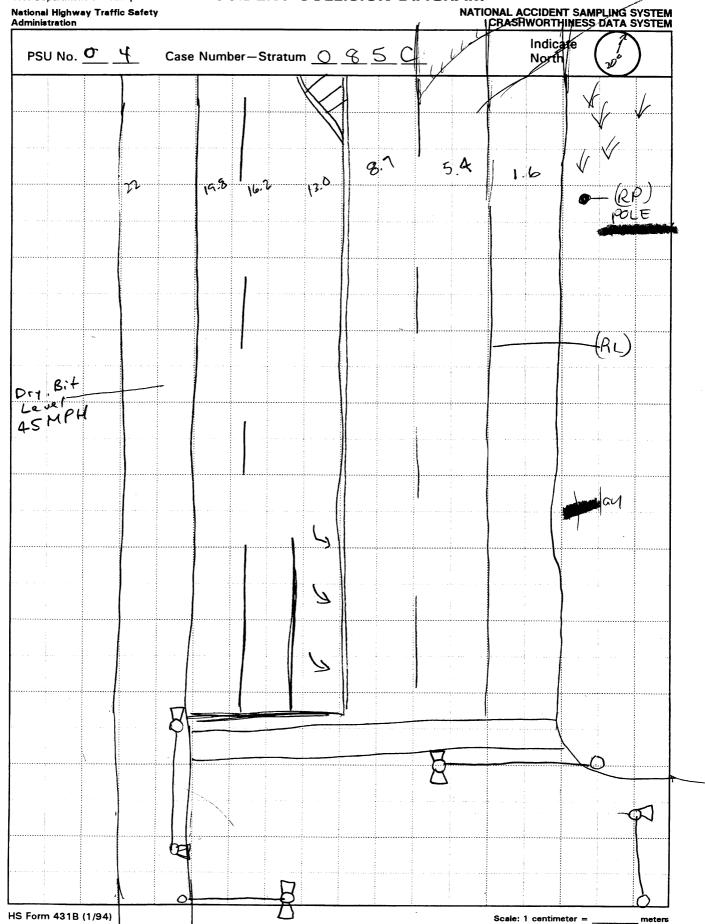
DO NOT SANITIZE THIS FORM







ACCIDENT COLLISION DIAGRAM



U.S. Department of Transportation National Highway Traffic Safety Administration		NT COLLISION EMENT TABLE	NATION	IAL ACCIDENT SA	MPLING SYSTEM S DATA SYSTEM	
Primary Sampling Unit Number O	<u> </u>	Case N	lumber –	-Stratum	8 <u>5 C</u>	
ACCIDENT COLL LEVEL I PHYSICAL EVIDENCE ABSENT To be accomplished when there is no physical evidence present at the scene: approximate vehicle orientation at impact and final rest spplicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pevement markings, etc.) applicable traffic controls (e.g., speed limit) north arrow placed on diagram sketch required LEVEL II PHYSICAL EVIDENCE PRESENT In addition to the level I tasks noted above, the following must be accomplished when	physical evidence document refer line relative to at the scene scaled docume induced physic scaled docume objects contact roadway surfact applicable road grade measure roadways and initiation scaled represer pre-impact, impupon either: a) physical of	rence point and reference physical features present intation of all accident all evidence intation of all roadside ted	CRASH DATA VEH. #1 VEH. #2 VEH. #3 Heading Angle 329 326 Surface Type BTT Surface Condition DRY Grade (v/h) Measurement (between impact and final rest) Grade (v/h) Measurement (at location of rollover initiation)			
Reference Point: Pole		_ Reference line: _E	East 1	edge cur	b Line	
Item		Distance and Dire			nd Direction rence Line	
(RP)		0	_	1.3 E		
Beg of Intersecting Ro	ad	30.65		0		
End " ".	43.05		0 .			
	Beg. of Yaw marks			5.3 W		
Mid Point of you mar		10.51	_	3.7 W	er er	
Yaw Mark nuts eurb		16.81	•	0	* 1	
End of you mark in		20.1 ~		2.4 E	#	

Beg of tire mark at curb
HS Form 431A (1/94) End of fire mark at our b

yaw mark hits corb
end of yaw mark in grass

Center & roof mark in grass (1.5m in diameter)

12.4 N

10.3 N

N

N

N

13.3

17.2

17.6

11.5

.6 E

2.34

3.2 E

3.9 E

0

Beg skulf on center line 8.3 N 8.7 W End skiff on center line 10.5 N 8.7 W

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National Highway Traffic Safety Administration

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

45.

1. Primary Samplin	a Unit Number	04	SPECIAL STUDIES - INDICATORS
2. Case Number -		0 8 5 C	Check () each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.
3. Number of Gene Forms Submitte		0 2	6. OSS15 Administrative Use
4. Date of Acciden	ıt.		7. O SS16 Pedestrian Crash Data Study
(Month,Day,Yea		/ 9 4	8. O SS17 Impact Fires
5. Time of Acciden	nt ed military time o	$\frac{2}{5}$	9. <u>0</u> ss18
	night = 2400 nown = 9999		10. O_SS19
			NUMBER OF EVENTS
			11. Number of Recorded Events in This Accident
			Code the number of events which occurred in this accident.
		ACCIDEN	NT EVENTS
For each event that involved vehicle or o	t occurred in the a	accident, code the I	
For each event that involved vehicle or of Accident Event Sequence Number	t occurred in the a object on the right Vehicle Number	accident, code the I	NT EVENTS
involved vehicle or o Accident Event Sequence Number	object on the right Vehicle Number	Class Of Vehicle	NT EVENTS lowest numbered vehicle in the left columns and the other General Vehicle Number General Area of Class Of Area of

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

41. ____ 42. ___ 43. ___

26. <u>0 3</u> 27. <u>O I</u> 28. <u>O 3</u> 29. <u>T</u> 30. <u>3 I</u> 31. <u>O O</u> 32. <u>N</u>

34. ___ _ _ 35. __ _ 36. __ 37. __ _ 38. __ _

40. **0 5**

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 4,500 kgs GVWR)
- (13) Passenger van (≤ 4,500 kgs GVWR)
- (14) Other van (≤ 4,500 kgs GVWR)
- (15) Pickup truck (≤ 4,500 kgs GVWR)
- (18) Other truck (≤ 4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 4,500 kgs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

TDC APPLICABLE S VEHICLES

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) - Vehicle Number

Noncollision

- (31) Overturn rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):
- (35) Noncollision injury
- (38) Other noncollision (specify):
- (39) Noncollision details unknown

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify):

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify):
- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify):
- (89) Unknown nonfixed object
- (98) Other event (specify):
- (99) Unknown event or object

National Accident Sampling System-Crashworthiness Data System: General Vehicle Form

	OCCUPANT RELATED	24 Pollovor
	Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown	24. Rollover (0) No rollover (no overturning) Rollover (primarily about the longitudinal axis) (1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns (3) Rollover, 3 quarter turns
17.	Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle (97) 97 or more (99) Unknown	(4) Rollover, 4 or more quarter turns (specify):(5) Rolloverend-over-end (i.e., primarily about the lateral axis)
18.	Number of Occupant Forms Submitted 02	(9) Rollover (overturn), details unknown
	VEHICLE WEIGHT ITEMS	OVERRIDE/UNDERRIDE (THIS VEHICLE)
19.	Vehicle Curb Weight	25. Front Override/Underride (this Vehicle)
	10 kilograms. (045) Less than 450 kilograms	26. Rear Override/Underride (this Vehicle)
	(610) 6,100 kilograms or more (999) Unknown	(0) No override/underride, or not an end-to-end impact
		Override (see specific CDC) (1) 1st CDC (2) 2nd CDC
20.	Vehicle Cargo Weight O, O O Code weight to nearest 10 kilograms.	(3) Other not automated CDC (specify):
	(000) Less than 5 kilograms (450) 4,500 kilograms or more (999) Unknown	Underride (see specific CDC) (4) 1st CDC (5) 2nd CDC (6) Other pet automated CDC (specific)
	,lbs X .4536 =,kgs	(6) Other not automated CDC (specify):
21.	Towed Trailing Unit	(7) Medium/heavy truck or bus override(9) Unknown
	(0) No towed unit (1) Yes—towed trailing unit (9) Unknown	HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V
22.	Documentation of Trajectory Data for This Vehicle (0) No (1) Yes	Values: (000)-(359) Code actual value (997) Noncollision (998) Impact with object (999) Unknown
23.	Post Collision Condition of Tree or Pole (For Highest Delta V) (0) Not collision (for highest delta V) with tree or pole	27. Heading Angle For This Vehicle 3 29 28. Heading Angle For Other Vehicle 3 26
	(1) Not damaged (2) Cracked/sheared (3) Tilted <45 degrees (4) Tilted ≥45 degrees (5) Uprooted tree (6) Separated pole from base (7) Pole replaced (8) Other (specify):	

Cate- gory	Contigur-		ACCIDENT TYPES (In	cludes intent)		
-	A Right Roadside Departure	DRIVE OFF	CONTROL/ TRACTION LOSS	AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	06 SPECIFICS UNKNOWN
Single Driver	B Left Roadside Departure	DRIVE OFF	CONTROL/ TRACTION LOSS	AVOID COLLISION WITH VEH., PED., ANIM.	OD SPECIFICS OTHER	10 SPECIFICS UNKNOWN
-	C Forward Impact	PARKED VEH. STA.	DOBJECT PEDESTRIA	N/ END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
	D Rear-End	20 21 21 21 23 24 25 20 21 22 21 23	24 25 25 27 8LOWER 26, 20, 27	28	(EACH = 32) SPECIFICS OTHER	(EACH - 33) SPECIFICS UNKNOWN
II. Sane Traffeway Sane Direction	E Forward Impact		TROL/ AVOID (CTION LOSS WITH VI	COLLISION AVOID COLLING WITH OBJECT	_ 41 Bion specifici	42) (EACH • 43) SPECIFICS UNKNOWN
	F Sideswipe Angle	44 -45 44		(EACH • 48) SPECIFICS OTHER		H • 49) ICS UNKNOWN
e). Hum	G Head-On	LATERAL MOVE	(EACH • 62) SPECIFICS OTHER	(EACH + 63) SPECIFICS UNKNOW	W	
Same Trafficway Opposite Direction	H Forward Impact		NTROL/ ACTION LOSS WITH	COLLISION AVOID COLLI-	— 61 BION SPECIFIC	SZI(EACH + 63 SPECIFICS UNKNOWN
=	l Sideswiper Angle	LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOV	VN	
Change Trafficway Vehick Turning	J. Turn Across Path	INITIAL OPPOSITE DIRECTIONS	71 INITIAL BAME DIREC	73 72 TIONS	SPECIFICS OTHER	74) (EACH • 76) SPECIFICS UNKNOWN
IV. Change Trafficw Vehicle Turning	K. Turn Into Path	TURN INTO SAME DIREC		NTO OPPOSITE DIRECTIONS	EACH • SPECIFICA OTHER	84) (EACH • 85) SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L. Straight Paths	T = 07		(EACH • 90) SPECIFICS OTHER	IEACH • SPECIFICE	91) I UNKNOWN
VI Miscel- laneous	M. Backing Etc.		R VEH. BJECT	98 Other Accid 98 Unknown A 00 No Impect	ent Type ccident Type	

National Accident Sampling System-Crashworthiness Data System: General Vehicle Form

OTHER DATA	61. Rollover Initiation Object Contacted 6 3
56. Driver's Zip Code	or Honovor amenderic object contacted
(00000) Driver not present (00001) Driver not a resident of U.S. or territories Code actual 5-digit zip code (99999) Unknown	62. Location on Vehicle Where Initial Principal Tripping Force Is Applied (0) No rollover (1) Wheels/tires
57. Driver's Race/Ethnic Origin (0) Driver not present (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (8) Other (specify):	(2) Side plane (3) End plane (4) Undercarriage (5) Other location on vehicle (specify): (8) Non-contact rollover forces (specify): (9) Unknown
(9) Unknown 58. Vehicle Special Use (This Trip) (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance (7) Fire truck or car (8) Other (specify):	(0) No rollover (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis (5) End-over-end (i.e., primarily about the lateral axis) (9) Unknown roll direction PRECRASH DATA
(9) Unknown	64. Pre-Event Movement (Prior to Recognition of Critical Event)
ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle (8) Other rollover initiation type	(01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging (16) Successful avoidance maneuver to a previous critical event (97) Other (specify):
60. Location of Rollover Initiation (0) No rollover (1) On roadway (2) On shoulder—paved (3) On shoulder—unpaved (4) On roadside or divided trafficway median (9) Unknown	(99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover	(57) Fence
(01-30) — Vehicle Number	(58) Wall
	(59) Building
Noncollision	(60) Ditch or culvert
(31) Turn-over — fall-over	(61) Ground
(33) Jackknife	(62) Fire hydrant
	(63) Curb
Collision With Fixed Object	(64) Bridge
(41) Tree (≤ 10 cm in diameter)	(68) Other fixed object (specify):
(42) Tree (> 10 cm in diameter)	
(43) Shrubbery or bush	(69) Unknown fixed object
(44) Embankment	
	Collision with Nonfixed Object
(45) Breakaway pole or post (any diameter)	(71) Motor vehicle not in-transport
	(76) Animal
Nonbreakaway Pole or Post	(77) Train
(50) Pole or post (≤ 10 cm in diameter)	(78) Trailer, disconnected in transport
(51) Pole or post (> 10 cm but \leq 30 cm in	(79) Object fell from vehicle in-transport
diameter)	(88) Other nonfixed object (specify):
(52) Pole or post (> 30 cm in diameter)	
(53) Pole or post (diameter unknown)	(89) Unknown nonfixed object
(54) Concrete traffic barrier	(98) Other event (specify):
(55) Impact attenuator	

(56) Other traffic barrier (includes guardrail) (99) Unknown event or object

(specify):

2. Case Number - Stratum

National Highway Traffic Safety Administration

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	04	3. Vehicle Number	0 1
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VEHICLE IDENTIFICATION

VIN <u>Z & 4 \ \(\times \)</u>	<u>BSS</u>	LTRI	L. Contract of the Contract of	Model Year 9 4
Vehicle Make (specify): _	BUICK	٧	Vehicle Model (specify):	REGAL

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
	79.0 Beg. @ LR BUMPER CORNER	BACK BUMPER CORNER TO CORNER

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

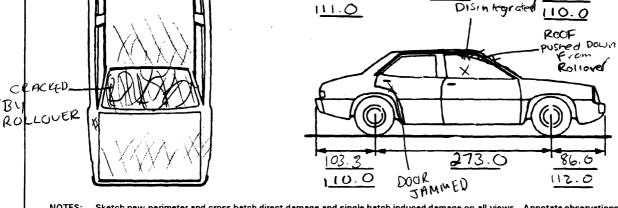
	The de many interpretations as necessary to describe each damage prome.										
Specific Impact Number	Plane of Impact C-Measurements	Direct D Width (CDC)	Damage Max Crush	Field L	C ₁	C ₂	C₃	C₄	C _E	C ₆	±D
1	Back Bumper	79.0	35.0	141.2	35.0	26.8	18.5	11.5	8.0	6-7	365
	free space		70		7.0	3.0	1.0	1.0	3.0	ري 7. ت	
1	Results	79.0	28.0	1412	28.0	23.8	17.5	10.5	5.0	3	- 36.5
				į							

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	107.5	inches	x 2.5	4 =	273cm
Overall Length	194.8	inches	x 2.5	i4 =	<u>Ч 95</u> ст
Maximum Width	72.5	inches	x 2.5	i4 =	<u>184</u> cm
Curb Weight	<u>3,3 38</u>	pounds	x .45	36 =	1,5 1 4 kg
Average Track	<u> </u>	inches	x 2.5	4 =	<u>1 4 9 cm</u>
Front Overhang		inches	x 2.5	4 =	cm
Rear Overhang		inches	x 2.5	4 =	cm
Undeformed End Width		inches	x 2.5	4 =	cm
Engine Size: cyl./displ.		СС	x .00	1 =	3.1 L
		CID	x .01	64 =	3.7 L
					U-6



BEST AVAILABLE National Accident Sampling System-Crashworthiness Data System: Exterior Vehicle Form Page 2 VEHICLE DAMAGE SKETCH WHEEL STEER ANGLES **ORIGINAL SPECIFICATIONS** TIRE-WHEEL DAMAGE (For locked front wheels or a. Rotation physically b. Tire 273 displaced rear extes only) Wheelbase cm deflated restricted RF ± 495 **Overall Length** cm RF LF ± 184 Maximum Width cm 1514 Curb Weight kg Within ± 5 degrees 149 Average Track cm (1) Yes (2) No (8) NA (9) Unk. **DRIVE WHEELS** 112 Front Overhang cm Ø FWD □ RWD □ 4WD 110 Rear Overhang cm TYPE OF TRANSMISSION Undeformed End Width 142.0 cm **Approximate** Cargo Weight O IVSP kg Automatic Engine Size: cyl./displ. bcyl. 3.1 □ Manual Backlight Disintegrated **MEASUREMENTS IN CENTIMETERS** Stands set to OAL (495.0 cm) Extracation Marks (Door removed 144.0 150.0 ouring rescue) Trunk LIO Buckled ed down BUCKLÉD ROOF PUS Rollow Rollover deflated



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

DOORS JAMINED

BUCKLE:

274.0

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

	CDC WORKSHEET								
CODES FOR OBJECT CONTACTED									
(01-30) -	- Vehicle Nu	mber		(57	7) Fence				
(0.00)			(58	3) Wall					
Noncollis	ion				Building				
	Overturn — ro)) Ditch or	culvert			
	ire or explosi	ion) Ground				
	lackknife				2) Fire hydi	rant			
(34) (Other intrauni	t damage (specif	y):		3) Curb 1) Bridge				
(25) 1	Janaelliaian is	nium.				ed object (s	enecify).		
	Noncollision in	sion (specify):		100	of Other ha	ica object (c	spee,,.		
(50)	Julier Homeom	Sion (Specing).		(69) Unknow	n fixed obje	ct		
(39)	Voncollision -	- details unknow	vn	<u> </u>		_			
, = ,						nfixed Obje			
	With Fixed O					ehicle not in	-transport		
		m in diameter)			2) Pedestria				
		m in diameter)			3) Cyclist o				
	Shrubbery or	bush		(72	i) Other no	onmotorist o	r conveyand	ce	
(44) 8	Embankment			171	Vehicle	occupant			
(45) 5	Prophaway no	ole or post (any c	liameter)		6) Animal	occupant			
(45)	oleakaway pu	ne or post (arry c	nameter,	•	7) Train				
Nonbreak	kaway Pole o	r Post				disconnected	d in transpor	rt	
		≤ 10 cm in diam	neter)				icle in-transp		
(51) F	Pole or post (> 10 cm but ≤	30 cm in	(88)	(88) Other nonfixed object (specify):				
l i	diameter)								
		> 30 cm in dian		(89	9) Unknow	n nonfixed	object		
(53) F	Pole or post (diameter unknow	vn)	(98) Other event (specify):					
154)	Concrete traff	io barriar		(50	o, Other ev	ent (specify	/).		
(54)	Concrete train								
(55) (mnact attenu			(99	9) Unknow	n event or o	obiect		
	mpact attenu Other traffic b	ator	guardrail)	(99	9) Unknow	n event or o	object		
(56)			guardrail)	(9:	9) Unknow	n event or o	object		
(56)	Other traffic b	ator parrier (includes (_			object		
(56)	Other traffic b	ator parrier (includes ((99 - SIFICATION B			object		
(56) (Other traffic b	DEFORMAT		_	SY EVENT N	IUMBER			
(56) (Other traffic b	DEFORMAT	FION CLASS	- SIFICATION B	Y EVENT N (4) Specific	IUMBER (5) Specific	(6)	(7)	
(56) (Other traffic b	DEFORMAT (1) (2) Direction		- SIFICATION B	SY EVENT N	IUMBER (5) Specific	(6) Type of	(7) Deformation	
(56) (Other traffic b	DEFORMAT	FION CLASS	- SIFICATION B	Y EVENT N (4) Specific Longitudinal	IUMBER (5) Specific Vertical or	(6)		
Accident Event Sequence	Other traffic best of the specify):	DEFORMAT (1) (2) Direction of Force	Incremental Value of	:IFICATION B	(4) Specific Longitudinal or Lateral	UMBER (5) Specific Vertical or Lateral	(6) Type of Damage	Deformation	
Accident Event Sequence Number	Other traffic to specify): Object Contacted O 2	DEFORMAT (1) (2) Direction of Force (degrees) + 190	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	Deformation Extent	
Accident Event Sequence Number	Other traffic be specify): Object Contacted O 2	DEFORMAT (1) (2) Direction of Force (degrees) + 190 - 90	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	Deformation Extent O J O I	
Accident Event Sequence Number	Other traffic to specify): Object Contacted O 2	DEFORMAT (1) (2) Direction of Force (degrees) + 190	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	Deformation Extent	
Accident Event Sequence Number	Other traffic be specify): Object Contacted O 2	DEFORMAT (1) (2) Direction of Force (degrees) + 190 - 90	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	Deformation Extent O J O I	
Accident Event Sequence Number	Other traffic be specify): Object Contacted O 2	DEFORMAT (1) (2) Direction of Force (degrees) + 190 - 90	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	Deformation Extent O J O I	
Accident Event Sequence Number	Other traffic be specify): Object Contacted O 2	DEFORMAT (1) (2) Direction of Force (degrees) + 190 - 90	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	Deformation Extent O J O I	
Accident Event Sequence Number	Other traffic be specify): Object Contacted O 2	DEFORMAT (1) (2) Direction of Force (degrees) + 190 - 90	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	Deformation Extent O J O I	
Accident Event Sequence Number	Other traffic be specify): Object Contacted O 2	DEFORMAT (1) (2) Direction of Force (degrees) + 190 - 90	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	Deformation Extent O J O I	
Accident Event Sequence Number	Other traffic be specify): Object Contacted O 2	DEFORMAT (1) (2) Direction of Force (degrees) + 190 - 90	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	Deformation Extent O J O I	
Accident Event Sequence Number	Other traffic be specify): Object Contacted O 2	DEFORMAT (1) (2) Direction of Force (degrees) + 190 - 90	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	Deformation Extent O J O I	
Accident Event Sequence Number	Other traffic be specify): Object Contacted O 2	DEFORMAT (1) (2) Direction of Force (degrees) + 190 - 90	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	Deformation Extent O J O I	

		COLLI	SION	DEFORM	ATION CLA	SSIFICA	TION		
HIGHEST [DELTA "V"			•					
Accident Event Sequence Number	Object Contacted	(1) Direction of F		(3) Deformation Location	(4) Longitudina n or Lateral Location		il or Ty al Da	(6) ype of mage ribution	(7) Deformation Extent
4	5.02	60	8	7. <u>B</u>	8. 4	9. <u>É</u>	10). <u>W</u>	11. 02
Second Hig	ghest Delta "V	n							
12. 0 3	13. <u>3</u> <u>l</u>	14	0-0	15	16. 🕎	17. <u> </u>	<u> </u>	3. <u>Ø</u>	19. <u>0</u> 3
			CRUS	H PROFILI	E IN CENTI	METERS			
	The crush pro in the appr				ed in the CDC(MEASUREME				d
HIGHEST (DELTA "V"								
20. L ———	21. 	C ₂	-		C ₄	С	C ₆		22. ±D
142	028	02	<u>4</u>	018	011	005	<u>000</u>	_	0037
Second Hig	ghest Delta "V								
23. L	24. 	C ₂		C ₃	C ₄	Сь		:	25. ±D
			· 					+ 	<u> </u>
	s Documented Coded on The ed File?	1	(1	Researcher's A of Vehicle Disp O) Not towed vehicle dan 1) Towed due vehicle dan 9) Unknown	oosition due to nage e to	(99		to the centime vn	
							_		

	Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? (0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): (Include photograph of CERTIFICATION PLACARD in case report) (9) Unknown if vehicle is modified Fire Occurrence (0) No fire Yes, fire occurred (1) Minor (2) Major (9) Unknown	0	34. Fuel Tank-1 Location 35. Fuel Tank-2 Location (0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) (8) Other (specify):
31.	Origin of Fire (0) No fire	<u>D</u>	36. Fuel Tank-1 Filler Cap Location
	 (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): (9) Unknown Type of Fuel Tank-1 Type of Fuel Tank-2 (0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown 	<u>\</u> O	37. Fuel Tank-2 Filler Cap Location (0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane (7) Over the center of the rear wheels (rear axle) on right side plane (8) Other (specify): (9) Unknown
			38. Fuel Tank-1 Damage
			39. Fuel Tank-2 Damage (0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify):

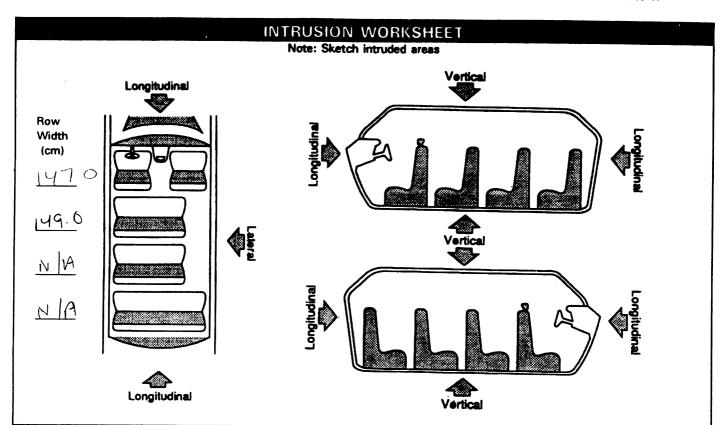
40.	Location of Fuel System-1 Leakage	44. Is This Vehicle Equipped With More Than Two Fuel Tanks?
41.	Location of Fuel System-2 Leakage (0) No fuel tank	(0) No (one or two tanks only)
	(1) No fuel tank (1) No fuel leakage Primary Area Of Leakage (2) Tank (3) Filler neck (4) Cap (5) Lines/pump/filter	Yes - More Than Two Tanks (1) Yes no damage to any tank or filler cap and no fuel system leakage (2) Yes no damage to any tank or filler cap but there is fuel system leakage (specify leakage location):
	(6) Vent/emission recovery(8) Other (specify):	(3) Yes <u>damage</u> to an additional tank or filler cap and <u>there is fuel system leakage</u>
	(9) Unknown	(specify the following): Type of tank Tank location
ļ	Fuel Type-1	Filler cap location Tank damage Location of leakage
43.	Fuel Type-2 Single Fuel Type	Type of fuel
	(00) No fuel tank (01) Gasoline	
	 (02) Diesel (03) CNG (Compressed Natural Gas) (04) LPG (Liquid Petroleum Gas) also known as Propane (05) LNG (Liquid Natural Gas) (06) Methanol (M100 or M85) (07) Ethanol (E100 or E85) (08) Other (Hydrogen or others) (specify): 	COMMENTS
	Electric Powered or Electric/Solar Powered Vehicles (10) Lead Acid Battery (11) Nickel-Iron Battery (12) Nickel-Cadmium Battery (13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): (98) Other Hybrid (specify):	
	(99) Unknown fuel type	
**		VAS NOT TOWED AND WAS NOT AN AOPS *** OT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

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Netional Highway Traffic Safety Administration	INTERIOR VE	HICLE FORM	NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM
Primary Sampling Unit Number	<u>~ Д</u>		GLAZING
	2 7	Glazing Damage from	m Impact Forces
2. Case Number - Stratum	2850	15. WS 2 16. LF C	<u>)</u> 17. RF <u>⊌</u> 18. LR <u></u> 19. RR
3. Vehicle Number	<u> </u>	20. BL <u>6</u> 21. Roof	<u> </u>
INTEGRITY			age from impact forces
4. Passenger Compartment Integrity (00) No integrity loss	11	(2) Glazing in place (3) Glazing in place	and cracked from impact forces and holed from impact forces place (cracked or not) and not holed from
Yes, Integrity Was Lost Through (O1) Windshield (O2) Door (side) (O3) Door/hatch (back door)		(5) Glazing out-of-pl	lace and holed from impact forces rated from impact forces d prior to accident
(O4) Roof (O5) Roof glass		(9) Unknown if dam	naged
(06) Side window (07) Reer window (backlight)	!	Glazing Damage from	m Occupant Contact
(08) Roof and roof glass (09) Windshield and door (side)	!	23. WS <u>O</u> 24. LF <u>C</u>	25. RF <u>0</u> 26. LR <u>0</u> 27. RR <u>0</u>
(10) Windshield and roof(11) Side and rear window (side window at	ind backlight)	28. BL 29. Roof	<u> </u>
(12) Windshield and side window (13) Door and side window	!		ntact to glazing or no glazing
(98) Other combination of above (specify):	·	(2) Glazing in place	ed by occupant but no glazing damage and cracked by occupant contact
(99) Unknown		(4) Glazing out-of-pl contact and not	and holed by occupant contact lace (cracked or not) by occupant holed by occupant contact place by occupant contact and holed by
Door, Tailgate or Hatch Opening		occupant contac	•
5. LF 3 6. RF 7. LR 3 8. RR	<u>3</u> 9. TG/H_U	(9) Unknown if con	
(0) No door/gate/hatch (1) Door/gate/hatch remained closed and o	operational		ge <i>And</i> No Occupant Contact or No IV31 Through IV46 As Ø
(2) Door/gate/hatch came open during colli (3) Door/gate/hatch jammed shut	•	Type of Mindow/Mi	andahiald Clasica
(8) Other (specify):	,	Type of Window/Win	· .
(9) Unknown		i `) 33. RF 2 34. LR <u>○</u> 35. RR <u>○</u>
	!	36. BL <u></u> 37. Roo	f 38. Other
Damage/Failure Associated with Door, Opening in Collision. If IV05-IV09 ≠ 2		(1) AS-1 — Laminat (2) AS-2 — Temper	red
10. LF <u>O</u> 11. RF <u>O</u> 12. LR <u>O</u> 13. RR	<u>О</u> 14. Т <u>G</u> /H <u></u>	(3) AS-3 — Temper (4) AS-14 — Glass/ (8) Other (specify):	
(O) No door/gete/hatch or door not opened	1	(9) Unknown	
Door, Tailgate or Hatch Came Open During (1) Coor operational (no damage)	Collision		
(2) Latch/striker failure due to damage		Window Precrash Gi	
(3) Hinge failure due to damage(4) Door structure failure due to damage		39. WS / 40. LFC	\bigcirc 41. RF $\underline{\mathscr{A}}$ 42. LR $\underline{\circlearrowleft}$ 43. RR $\underline{\circlearrowleft}$
(5) Door support (i.e., pillar, sill, roof side retc.) failure due to damage	rail,	44. BL \ 45. Roof	<u> </u>
(6) Latch/striker and hinge failure due to de(8) Other failure (specify):	amage	(0) No glazing conta (1)' Fixed	act and no damage, or no glazing
(9) Unknown		(2) Closed (3) Partially opened (4) Fully opened	
	, , , , , , , , , , , , , , , , , , ,	(9) Unknown	



LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	Measurements Are In Cer INTRUDED — VALUE	ntimeters) INTRUSION =	DOMINANT CRUSH DIRECTION
1 (windshield	87	_ & S	= 5.0(1)	Uert
12	t v	87	- 80 0	= 7.0 (5)	11
13	1.5	87	- 810	= 6.06	11
1 1	ROOL	96	- 94.0	= 2.0	vert
12	t t	34	- 26	= 809	
13	()	34	- 25	= 9.03	
21	Secrit sout back	18	- 2	= 18 2	Long
23	sect bare	64	- 0	= 64 0	Long
			_	=	
			_	=	
			_	=	•
			_	=	
				=	
				=	
			_	=	

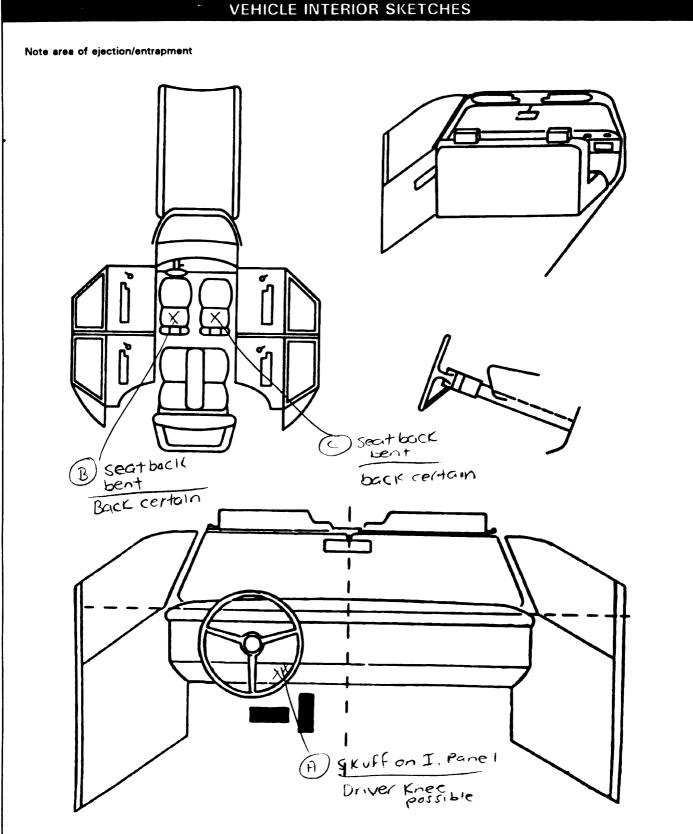
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OCCUPANT AREA INTRUSION Note: If no intrusions, leave variables IV47-IV86 blank. INTRUDING COMPONENT **Dominant** Interior Components Intruding Crush (01) Steering assembly Location of Magnitude Intrusion Component of Intrusion Direction (02) Instrument panel left (03) Instrument panel center (04) Instrument panel right 1st 47. 2 3 48. 1 9 49. 6 50. ~ (05) Toe pan (06) A (A1/A2)-pillar (07) B-pillar (08) C-pillar 2nd 51. 2 \ 52. \ 9 53. 3 54. 2 (09) D-pillar (10) Door panel (side) (12) Roof (or convertible top) (13) Roof side rail 3rd 55. \ 3 56. \ \ \ \ 57. \rightarrow 58. \ \ (14) Windshield (15) Windshield header (16) Window frame (17) Floor pan (includes sill) 4th 59. 7 60. 7 61. 7 62. 1 (18) Backlight header (19) Front seat back (20) Second seat back (21) Third seat back 5th 63. 64. 1 65. 1 66. 1 (22) Fourth seat back (23) Fifth seat back (24) Seat cushion 6th 67. 1 3 68. 4 69. 1 70. 1 (25) Back door/panel (e.g., tailgate) (26) Other interior component (specify): (27) Side panel - forward of the A (A2)-pillar 7th 71. \ \ 72. \ \ 73. \ 74. \ (28) Side panel - rear of the A (A2)-pillar **Exterior Components** (30) Hood 8th 75.___ 76.___ 77.___ 78.__ (31) Outside surface of this vehicle (specify): (32) Other exterior object in the environment (specify): 9th 79.___ 80.__ 81.__ 82.__ (33) Unknown exterior object (97) Catastrophic (98) Intrusion of unlisted component(s) (specify): 10th 63.___ 84.__ 85.__ 86.__ (99) Unknown **LOCATION OF INTRUSION** MAGNITUDE OF INTRUSION (1) ≥ 3 centimeters but < 8 centimeters Front Seat Fourth Seat (2) ≥ 8 centimeters but < 15 centimeters (11) Left (41) Left $(3) \ge 15$ centimeters but < 30 centimeters (42) Middle (12) Middle $(4) \ge 30$ centimeters but < 46 centimeters (13) Right (43) Right $(5) \ge 46$ centimeters but < 61 centimeters $(6) \geq 61$ centimeters Second Seat (21) Left (97) Catastrophic (7) Catastrophic (98) Other enclosed (9) Unknown (22) Middle area (specify) (23) Right (99) Unknown DOMINANT CRUSH DIRECTION Third Seat (1) Vertical (31) Left (2) Longitudinal (32) Middle (3) Lateral (33) Right (7) Catastrophic

(9) Unknown

	NG RIM/SPOKE DEFO		
COMPARISON VALUE —	(All Messurements Are in Centime		
	DAMAGE VALUE	=	DEFORMATION
_		=	
_		=	
		=	
_		=	

87. Steering Column Type (1) Fixed column (2) Tilt column (3) Telescoping column (4) Tilt and telescoping column (8) Other column type (specify): (9) Unknown	93. Location of Steering Rim/Spoke Deformation (00) No steering rim deformation Quarter Sections (01) Section A (02) Section B (03) Section C (04) Section D Half Sections (05) Upper half of rim/spoke (06) Lower half of rim/spoke (07) Left half of rim/spoke (08) Right half of rim/spoke
88. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.	(09) Complete steering wheel collapse (10) Undetermined location (99) Unknown
89. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.	kilometers—Code to the nearest 1,000 kilometers (000) No odometer (001) Less than 1,500 kilometers (500) 499,500 kilometers or more (999) Unknown
90. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.	Source: ODMETERS 95. Instrument Panel Damage from
91. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.	Occupant Contact? (0) No (1) Yes (9) Unknown
92. Steering Rim/Spoke Deformation Code actual measured deformation to the nearest centimeter (00) No steering rim deformation (01-14) Actual measured value in centimeters (15) 15 centimeters or more	Occupant Contact? (0) No (1) Yes (8) Not present (9) Unknown
(98) Observed deformation cannot be measured (99) Unknown	97. Did Glove Compartment Door Open During Collision(s)? (0) No (1) Yes (8) Not present (9) Unknown



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

	POINTS OF OCCUPANT CONTACT							
Contact	Interior Component Contacted	Occupant No. If Known		Body Region If Known	Supporting Pl	nysical I	Evidence	Confidence Level of Contact Point
Α	09	0	K	nee	SKUFF			3
В	40	0	હ	ack	Gent rearwar	rd		2
С	40	02	r.	CCK	Best rear wa	æl		a
D								
E			+			•		
F			-	***				
G								
н								
			+					
J			+			·		
K			+					
<u> </u>			+					
M			-					
N	1		<u> </u>					
(05) Steer (06) Steer of coo (07) Steer select (08) Add c deck, (09) Left ii (10) Cente (11) Right (12) Glove (13) Knee (14) Winds of the A (A1 mirros) side of (15) Winds of the A (A1	r ing wheel rim ing wheel hub/spoking wheel (combina des 04 and 05) ing column, transmor lever, other attain equipment (e.g., air conditioner) instrument panel air instrument panel air compartment door bolster shield including one following: front he /A2)-pillar, instrument, or steering assem	tion ission chment CB, tape d below and below or more eader, ent panel, bly (driver or more eader, ent panel, or more eader, ent panel, or more	(25) (26) (27) (28) RIGHT (30) (31) (32) (33) (34) (35) (36)	Left side vone or moi frame, win B-pillar, or Other left Left side vosible Right side excluding Right side Right A (A Right B-pill Other right Right side one or moi frame, win B pillar, or	interior surface, hardware or armrests hardware or armrest 1/A2)-pillar	(48) (49) ROOF (50) (51) (52) (53) (54) FLOOR (56) (57)	Rear header Roof left side rail Roof right side rail Roof or convertible t Floor (including toe p Floor or console montransmission lever, in console Parking brake handle Foot controls includi brake Backlight (rear winde	top pan) unted including ing parking
comp	nger side air bag artment cover shield reinforced by		(38) INTERIO	OR	window sill	(62)		
object	(specify): front object (specif		(41)	Seat, back Belt restrai Belt restrai	nt webbing/buckle nt B-pillar		CONFIDENCE LEVE	

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):_____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain.
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left	Right
F	Availability/Function	1	
R	Deployment	Ц	
S	Failure		

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):
- (3) Air bag not reinstalled
- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (9) Unknown

AUTOMATIC BELTS

		Left	Right
	Availability/Function	J.	P
F	Use		
Ŕ	Туре		ì
S	Proper Use		
	Failure Modes	1	

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):
- (9) Unknown

Page 6

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous

		Left	Center	Right
_	Availability			7
l 'i	Evidence of usage	<u> </u>		
R	Used in this crash?	38,50		300
S	Proper Use	Qu'		2655°
'	Failure Modes			
9	Availability	4	3	У
Ĕ	Evidence of usage	6-		
SECON	Used in this crash?	00	00	00
Ň	Proper Use	0	0	0
D	Failure Modes	O	6	U
0	Availability			-7
Ĭ	Evidence of usage			
Ĥ	Used in this crash?			
E R	Proper Use .			
, r	Failure Modes			

Manual (Active) Belt System Availability

- (0)None available
- Belt removed/destroyed
- Shoulder belt
- (2) (3) Lap belt
- Lap and shoulder belt
- (5) Belt available type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt
- removed/destroyed
- (01) Inoperable (specify):
- (02)Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt (05) Belt used type unknown Belt used - type unknown
- (08) Other belt used (specify):
- Shoulder belt used with child safety seat
- Lap belt used with child safety seat
- Lap and shoulder belt used with child (14)safety seat
- Belt used with child safety seat -(15)
- type unknown Other belt used with child safety seat (18)(specify):
- Unknown if belt used (99)

Proper Use of Manual (Active) Belts

- (0) None used or not available
- Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm(4) Shoulder belt worn behind back or seat
- Belt worn around more than one person *(*5)
- (6) Lap belt worn on abdomen
- Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):
- (9) Unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

W	hen a child safety seat is present enter the o	ccupant's num	LD ASSESSMENT ber in the first row and complete the column below lete a column for each child safety seat present.
0	ccupant Number		
1.	Type of Child Safety Seat		
2.	Child Safety Seat Orientation		
3.	Child Safety Seat Harness Usage		
4.	Child Safety Seat Shield Usage		
	Child Safety Seat Tether Usage		
6.	Child Safety Seat Make/Model	Specify B	elow for Each Child Safety Seat
1.	Type of Child Safety Seat	3.	Child Safety Seat Harness Usage
	(0) No child safety seat (1) Infant seat	4.	Child Safety Seat Shield Usage
	(2) Toddler seat		
	(3) Convertible seat	5.	Child Safety Seat Tether Usage
	(4) Booster seat		Nøte: Options Below Are Used for Variables 3-5.
	(7) Other type child safety seat (specify):		(00) No child safety seat
	(8) Unknown child safety seat type (9) Unknown if child safety seat used		Not Designed with Harness/Shield/Tether (01) After market harness/shield/tether
2.	Child Safety Seat Orientation		added, not used (02) After market harness/shield/tether used
	(00) No child safety seat		(03) Child safety seat used, but no after market
			harness/shield/tether added
	Designed for Rear Facing for This Age/Weight	*	(09) Unknown if harness/shield/tether
	(01) Rear facing	/	added or used
	(02) Forward facing		Designed With Harness/Shield/Tether
	(08) Other orientation (specify):		(11) Harness/shield/tether not used
	(00)		(12) Harness/shield/tether used
	(09) Unknown orientation	/	(19) Unknown if harness/shield/tether used
	Designed for Forward Facing for This Age/Weight		Unknown If Designed With Harness/Shield/Tethe
	(11) Rear facing		(21) Harness/shield/tether not used (22) Harness/shield/tether used
	(12) Forward facing		(29) Unknown if harness/shield/tether used
	(18) Other orientation (specify):		
	(19) Unknown orientation		(99) Unknown if child safety seat used
	Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing	6.	Child Safety Seat Make/Model (Specify make/model and occupant number)
	(22) Forward facing		
	(28) Other orientation (specify):		
	(29) Unknown orientation		
	(99) Unknown if child safety seat used		

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F	Head Restraint Type/Damage	3	0	3
I R	Seat Type	61	00	01
S	Seat Performance	8	٥	8
ı	Seat Orientation		O	l
S	Head Restraint Type/Damage	(0	l
E C	Seat Type	03	03	03
O N	Seat Performance	l		
D	Seat Orientation	\	(1
т	Head Restraint Type/Damage		(
H	Seat Type	/		1
Ř	Seat Performance			
D	Seat Orientation			
o	Head Restraint Type/Damage			
T H	Seat Type			
E	Seat Performance	7		
R	Seat Orientation			/

Head Restraint Type/Damage by Occupant at This **Occupant Position**

- No head restraints
- (1) Integral no damage
 (2) Integral damaged during accident
- (3) Adjustable no damage
 (4) Adjustable damaged during accident
- (5) Add-on no damage(6) Add-on damaged during accident
- (8) Other Specify):
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05)Bench with folding back(s)
- (06)Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):
- (10)Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2)Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):
- (7) Combination of above (specify):
- Seat backs benit (8) Other (specify):
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- Side facing seat (outward)
- (8) Other (specify):
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

	EJECTION/ENTRAPMENT DA	ATA			
Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.					
EJECTION No [X] Yes [] Describe indications of ejection and body parts involved in partial ejection(s):					
Occupant Number					
Ejection					
(Note on Vehicle Interior Sketch) Ejection Area					
Ejection Medium					
Medium Status					
Ejection (1) Complete ejection (2) Partial ejection (3) Ejection, Unknown degree (9) Unknown Ejection Area (1) Windshield	(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown Ejection Medium (1) Door/hatch/tailgate	(5) Integral structure (8) Other medium (specify): (9) Unknown Medium Status (Immediately Prior to Impact) (1) Open			
(2) Left front(3) Right front(4) Left rear(5) Right rear(6) Rear	(2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify):	(2) Closed (3) Integral structure (9) Unknown			
' \					
Component(s):					
(Note in vehicle interior diagram)					



OCCUPANT ASSESSMENT FORM

Form Approved O.M.B. No. 2127-0021

Netional Highway Traffic Safety

O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM

Admi	nistration		CRASHWORTHINESS DATA SYSTEM
1.	Primary Sampling Unit Number	4	OCCUPANT'S SEATING
	Case Number - Stratum 0 8 5	<u>C</u>	10. Occupant's Seat Position
3.	Vehicle Number	1_	(11) Left side (12) Middle
4.	Occupant Number	t	(13) Right side
	OCCUPANT'S CHARACTERISTICS		(14) Other (specify): (15) On or in the lap of another occupant
5	Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month) (97) 97 years and older (99) Unknown		Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant
6.	Occupant's Sex (1) Male (2) Female (9) Unknown	1	Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant
7.	Occupant's Height Code actual height to the nearest centimeter. (999) Unknown	<u>5</u>	Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant
	69 inches X 2.54 = 175 centimeters		(97) In or on unenclosed area (98) Other seat (specify): (99) Unknown
8.	Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown 2 1 5 pounds X .4536 = 98 kilograms	8	11. Occupant's Posture (0) Normal posture Abnormal posture (1) Kneeling or standing on seat
9.	Occupant's Role (1) Driver (2) Passenger (9) Unknown		 (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): (9) Unknown

Page 2

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

EJECTION/ENTRAPMENT			
12.	Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	<u>0</u>	15. Medium Status (Immediately Prior To Impact)(2) (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
13.	Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	0	16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown
14.	Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown	<u>O</u>	

RESTRAINT SYSTEM EVALUATION			
17. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed)	21. Air Bag System Availability/Function (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown		
(8) Other belt (specify): (9) Unknown	22. Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just		
18. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify):	prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown		
 (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used 	23. Are There Indications of Air Bag System Failure? (0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown		
19. Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat	Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts		
Belt Used Improperly (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify):	24. Police Reported Restraint Use (0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Other or automatic restraint (specify):		
20. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other manual belt failure (specify):	(8) Restrained, type unknown (9) Police indicated "unknown"		
,-,			

	HEAD RESTRAINT AN	D SE	AT EVALUATION
at T (0) (1) (2) (3) (4) (5) (6) (8) (9) Seat (00) (01) (02) (03) (04) (05) (06) (07) (08) (09) (10)	d Restraint Type/Damage by Occupant his Occupant Position No head restraints Integral—no damage Integral—damaged during accident Adjustable—no damage Adjustable—damaged during accident Add-on—no damage Add-on—damaged during accident Other (specify): Unknown Type (this Occupant Position) Occupant not seated or no seat Bucket Bucket with folding back Bench Bench with separate back cushions Bench with folding back(s) Split bench with separate back cushions Split bench with folding back(s) Pedestal (i.e., column supported) Other seat type (specify): Box mounted seat (i.e., van type) Unknown		Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed

CH	IILD SAFE	ETY SEAT
(000) No child safety seat Applicable codes are found in your NASS Data Collection, Coding and Editing	CDS	31. Child Safety Seat Harness Usage O O O C O O O O O O O O O
(950) Built-in child safety seat (997) Other make/model (specify): (998) Unknown make/model (999) Unknown if child safety seat used		33. Child Safety Seat Tether Usage Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat
29. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used 30. Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/Web (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation Designed For Forward Facing for This Age (11) Rear facing (12) Forward facing (13) Other orientation (specify): (19) Unknown orientation Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (23) Other orientation (specify): (29) Unknown orientation		Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used Unknown if Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used
(99) Unknown if child safety seat used		

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

INJURY CONSEQUENCES	38. Working Days Lost
34. Injury Severity (Police Rating)	Code the number of days
34. Injury Severity (Police Rating)	(up through 60) that the occupant
(O) O. No injury	lost from work due to the accident
(0) O - No injury (1) C - Possible injury	(00) No working days lost
(2) B - Nonincapacitating injury	(61) 61 days or more
(3) A - Incapacitating injury	(62) Fatally injured
(4) K - Killed	(97) Not working prior to accident (99) Unknown
(5) U - Injury, severity unknown	(99) Ohkilowii
(6) Died prior to accident	
(9) Unknown	STOP - GO TO VARIABLE 44 ON PAGE 7
	VARIABLES DO TURQUOLIAS ARE
35. Treatment - Mortality	VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER
(0) No treatment	COMPLETED BY THE LORE CERTER
(1) Fatal	
(2) Fatal - ruled disease (specify):	39. Time to Death
	Code number of hours from time of
Nonfatal	accident to time of death up through 24
(3) Hospitalization	hours. If time of death is greater than 24
(4) Transported and released	hours, code number of days. (Note: 1 day = 31, 2 days = 32, n days = 30 +n up
(5) Treatment at scene - nontransported	through 30 days = 60)
(6) Treatment later	(00) Not fatal
(8) Treatment - other (specify):	(96) Fatal - ruled disease
(9) Unknown	(99) Unknown
(9) Olikilowii	
	40. 1st Medically Reported Cause of Death OO
36. Type Of Medical Facility (for Initial Treatment) <u>2</u>	13t Medically Reported Cause of Death
(0) Not treated at a medical facility	41. 2nd Medically Reported Cause of Death
(1) Trauma center	
(2) Hospital (3) Medical clinic	42. 3rd Medically Reported Cause of Death
(4) Physician's office	Code the Occupant Injury from line number(s) for the medically reported
(5) Treatment later at medical facility	injury(s) which reportedly contributed to
(8) Other (specify):	this occupant's death
	(00) Not fatal or no additional causes
(9) Unknown	(96) Mode of death given but specific
	injuries are not linked to cause
37. Hospital Stay	of death. (specify):
(00) Not Hospitalized	(97) Other result (includes fatal ruled
Code the number of days (up through 60)	disease) (specify):
that the occupant stayed in hospital.	
(61) 61 days or more	(99) Unknown
(99) Unknown	
	43 Number of Recorded Injuries for
	43. Number of Recorded Injuries for This Occupant
	Code the actual number of
	injuries recorded for this occupant.
	(00) No recorded injuries
	(97) Injured, details unknown
	(99) Unknown if injured

	AUTOMATIC BELT SYSTEM	48.	. Automatic (Passive) Belt Failure Modes
44.	Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown		During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify):
45.	Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use	49.	Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat
(:	 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown 		 (1) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify):
46.	Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system		(9) Unknown
	(9) Unknown		Check the Primary Source Used In Determining Belt Use.
	Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat		 [] Not equipped/not available/destroyed or rendered inoperative [] Vehicle inspection [] Official injury data [] Driver/occupant interview [] Other (specify):
	Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person		[] Unknown if belt used
	 (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): 		
	(8) Other improper use of automatic belt system (specify): (9) Unknown		
	ARE ALL APPLICABLE MEDICAL RECOR WITH INITIAL SUBMISSION?	L	INCLUDED NO [] YES []
	UPDATE CANDIDATE?		NO [X] YES [\]

STOP - VARIABLES 50 THROUGH 53 ARE	BELT USE DETERMINATION					
STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER	53. Primary Source of Belt Use Determination (0) Not equipped/not available/destroyed or rendered inoperative					
TRAUMA DATA	(1) Vehicle inspection					
50. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured	(2) Official injury data (3) Driver/occupant interview (8) Other (specify): (9) Unknown if belt used					
51. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given						
52. Arterial Blood Gases (ABG) – HCO ₃ (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of theHCO ₃ (96) ABGs reported, HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured						

Administration

U.S. Department of Transportation National Highway Traffic Safety

OCCUPANT INJURY FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM **CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number

3. Vehicle Number

2. Case Number - Stratum

4. Occupant Number

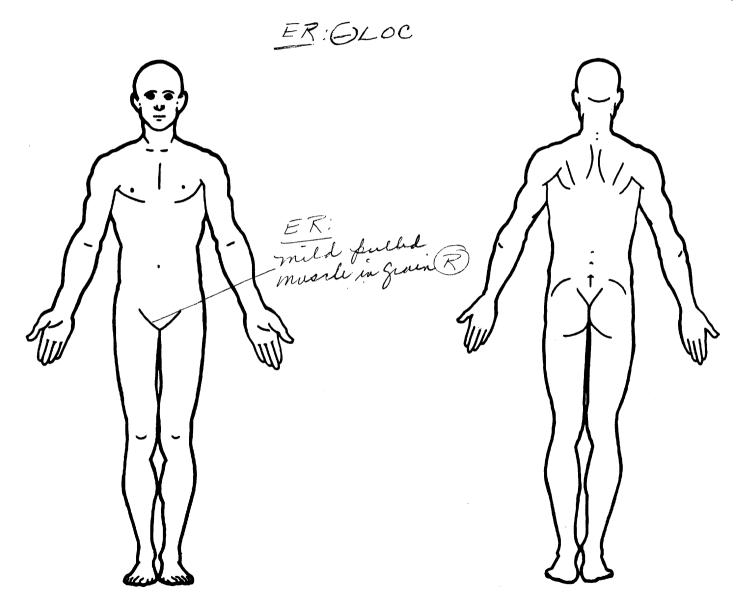
INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S Specific Anatomic Structure	90 Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
Mul. 1st	sile #	troin 6. E	7. <u>4</u>	8. <u>0 6</u>	9. <u>0</u> <u>2</u>	10. 🛴	11. /	12. <u>92</u>	13.2 1	4. 3	15. <u>00</u>
2nd	16	17	18 1	9	20	21	22	23	24 2	25	26
3rd	27	28	29 3	0	31	32	33	34	35 3	36	37
4th	38	39	40 4	1	42	43	44	45	46 4	17	48
5th	49	50	51 5	2	53	54	55	56	57	58	59
6th	60	61	62 6	3	64	65	66	67	68 6	59	70
7th	71	72	73 7	4	75	76	^{77.} —	78	79 8	30	81
8th	82	83	84 8	5	86	87	88	89	90 \$	91	92
9th	93	94	95 9	6	97	98	99	100	101 10	02 1	03
10th	104	105 1	06 10	7	108	109	110	111	112 1	13 1	14

OCCUPANT INJURY DATA											
	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S 90 Specific Anatomic Structure		A.I.S. Severity	-	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
11th											
12th	_	_									·
13th			_								
14th	_		_						 ,		
15th		***************************************					_				 ,
16th											
17th											
18th	_	_									
19th		_									
20th				-				i jan ^a Saariji ja Tarah			· <u></u>
21st	· · ·						<u> </u>				
22 nd					·	_					
23rd						· · · · · · · · · · · · · · · · · · ·		- 1			
24th	<u> </u>	_	<u> </u>	1), s		· · · · · · · · · · · · · · · · · · ·			-		
25th											

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA

- (1) Autopsy records with or without hospital/ medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- Interviewee
- (8) Other source (specify):
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header. A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- Windshield reinforced by exterior object (18)(specify):
- (19) Other front object (specify):

- (20) Left side interior surface,
- excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify):

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify):
- (28) Left side window sill

- (30) Right side interior surface, excluding hardware or armrests
- Right side hardware or armrest (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify):
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify):
- (47) Interior loose objects
- (48) Child safety seat (specify):
- (49) Other interior object (specify):

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

(60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- Other exterior surface or tires (specify):
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify)
- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify):
- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify)
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify):
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- Probable (2)
- Possible (3)
- Unknown (9)

DIRECT/INDIRECT INJURY

- Direct contact injury
- Indirect contact injury (3) Noncontact injury
- Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

- Head
- Face (3) Neck
- Thorax (5) Abdomen
- (6) (7) Spine
- **Upper Extremity** Lower Extremity
- Unspecified

Type of Anatomic Structure

- Whole Area
- (2) Vessels
- Nerves (4)
- Organs (includes muscles/ ligaments)
- (5) Skeletal (includes joints) (6) Head - LOC

Specific Anatomic Structure

- Whole Area (02) Skin Abrasion (04) Skin Contusion
- (06) Skin Laceration (08) Skin Avulsion
- Amputation
- (20) Burn (30) Crush
- (40) Degloving
- Injury NFS (50) Trauma, other than mechanical

- Length of LOC
- (04, 06, 08) Level of Consciousness (10) Concussion

- Spine (02) Cervical
- (04) Thoracic
- Vessels, Nerves, Organs. Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- Minor injury
- Moderate injury Serious injury
- (4)Severe injury
- Critical injury (6)
 - Maximum (untreatable) Injured, unknown severity

Aspect

- Left
- Bilateral (4) (5) Central
- Anterior Posterior
- (7) Superior Inferior
- Unknown Whole region

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No

Yes

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/di)

BAL = NR

Glasgow Coma Scale Score

gcss = 15

AD13

Units of Blood Given

Units = 🕖

Arterial Blood Gases

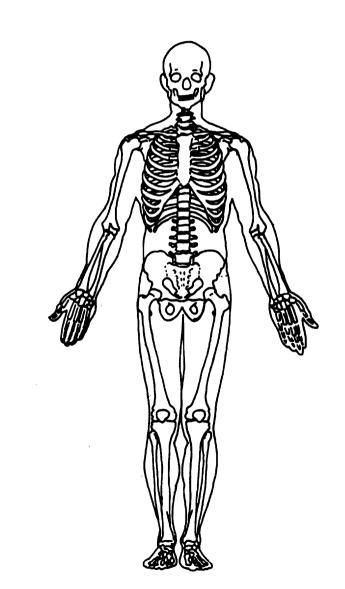
pH = _.__

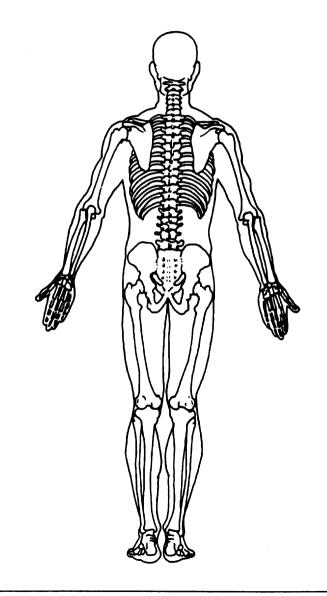
PO₂= ____

PCO₂

- unt

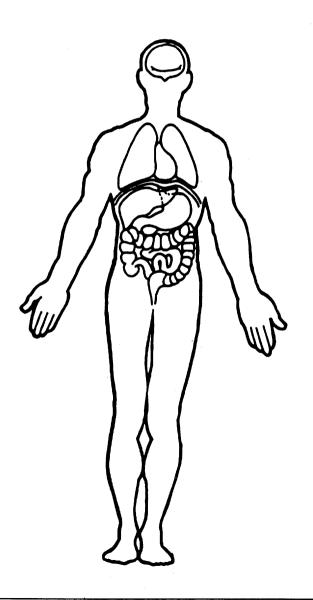
reported

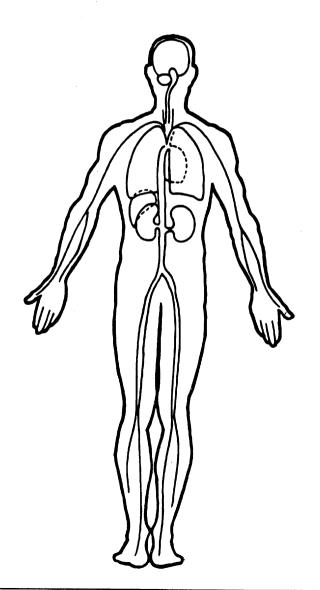




OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)







U.S. Department of Transportation

OCCUPANT ASSESSMENT FORM

Form Approved O.M.B. No. 2127-0021

National Highway Traffic Safety
Administration

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

	OCCUPANT'S SEATING
1. Primary Sampling Unit Number	10. Occupant's Seat Position 13
2. Case Number - Stratum <u>O 8 5 C</u>	10. Occupant's Seat Position Front Seat
3. Vehicle Number	(11) Left side
<u> </u>	(12) Middle (13) Right side
4. Occupant Number OXF	(14) Other (specify):
OCCUPANT'S CHARACTERISTICS	(15) On or in the lap of another occupant
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown	Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant
6. Occupant's Sex (1) Male (2) Female (9) Unknown	Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant
7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown 63 inches X 2.54 = 160 centimeters	Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify):
8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown 1 6 0 pounds X .4536 = 73 kilograms 9. Occupant's Role (1) Driver (2) Passenger (9) Unknown	(99) Unknown 11. Occupant's Posture (0) Normal posture Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): (9) Unknown

Page 2

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

EJ	ECTION/EN	NTRAPMENT
12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	0	15. Medium Status (Immediately Prior To Impact) (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc (specify): (9) Unknown	<u>O</u>	16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown
14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown	0	

RESTRAINT SYSTEM EVALUATION							
17. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt	21. Air Bag System Availability/Function (0) Not equipped/not available (1) Air bag Non-functional						
(4) Lap and shoulder belt(5) Belt available—type unknown	(2) Air bag disconnected (specify):						
Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed)	(3) Air bag not reinstalled (9) Unknown						
(8) Other belt (specify):	22. Air Bag System Deployment (0) Not equipped/not available						
(9) Unknown	(1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just						
18. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed	prior to accident (3) Air bag deployed, accident sequence						
(O1) Inoperative (specify):	undetermined (4) Nondeployed (5) Unknown if deployed						
(02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown	(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)						
(08) Other belt used (specify): (12) Shoulder belt used with child safety seat	(9) Unknown						
(13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat	23. Are There Indications of Air Bag System Failure?						
(15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify):	(0) Not equipped/not available (1) No (2) Yes (specify):						
(99) Unknown if belt used	(9) Unknown						
19. Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat	Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts						
Belt Used Improperly (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):	24. Police Reported Restraint Use (0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt						
(8) Other improper use of manual belt system (specify):	(5) Belt used, type not specified (6) Child safety seat (7) Other or automatic restraint (specify):						
(9) Unknown	(8) Restrained, type unknown (9) Police indicated "unknown"						
20. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included)							
(3) Broken buckle or latchplate(4) Upper anchorage separated(5) Other anchorage separated (specify):							
(6) Broken retractor (7) Combination of above (specify):							
(8) Other manual belt failure (specify):							
(9) Unknown							

25. Head Restraint Type/Damage by Occupant at This Occupant Position (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—no damage (7) Seat Performance (this Occupant Position (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back (specify): (4) Seat track/anchors failed (5) Deformed by impact of occupant	ion) <u>8</u>
(6) Add-on—damaged during accident (8) Other (specify): (9) Unknown (7) Combination of above (specify): (8) Other (specify): (9) Unknown (9) Unknown (9) Unknown	_
· ·	

CHILD SAF	FETY SEAT
28. Child Safety Seat Make/Model (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify): (998) Unknown make/model (999) Unknown if child safety seat used	31. Child Safety Seat Harness Usage 32. Child Safety Seat Shield Usage 33. Child Safety Seat Tether Usage Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat
29. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used	Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used
20. Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (18) Other orientation (specify): (19) Unknown orientation Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation (99) Unknown if child safety seat used	(19) Unknown if harness/shield/tether used Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used

IN HIDY CONC	EQUENCES.	
INJURY CONS	EQUENCES	38. Working Days Lost <u>1</u> <u>0</u>
34. Injury Severity (Police Rat	ing) <u>3</u>	Code the number of days
34. Injury Severity (Folice Nat		Code the number of days (up through 60) that the occupant lost from work due to the accident pay and icipate (00) No working days lost (61) 61 days or more
(0) O - No injury		lost from work due to the accident not an
(1) C - Possible injury		(00) No working days lost
(2) B - Nonincapacitating	injury	
(3) A - Incapacitating inju		(62) Fatally injured
(4) K - Killed	•	(97) Not working prior to accident
(5) U - Injury, severity un	known	(99) Unknown
(6) Died prior to accident		
(9) Unknown		STOP - GO TO VARIABLE 44 ON PAGE 7
	フ	VARIABLES 39 THROUGH 43 ARE
35. Treatment - Mortality	3	COMPLETED BY THE ZONE CENTER
(0) No treatment		
(1) Fatal		
(2) Fatal - ruled disease (s	specify):	39. Time to Death
		Code number of hours from time of
		accident to time of death up through 24
Nonfatal		hours. If time of death is greater than 24
(3) Hospitalization		hours, code number of days. (Note: 1 day =
(4) Transported and releas	sed	31, 2 days = 32, n days = 30 +n up
(5) Treatment at scene - i	nontransported	through 30 days = 60)
(6) Treatment later		(00) Not fatal
(8) Treatment - other (spe	ecify):	(96) Fatal - ruled disease
		(99) Unknown
(9) Unknown		
Of Marking Frankling	for Initial Transport	40. 1st Medically Reported Cause of Death
36. Type Of Medical Facility (
(0) Not treated at a medic	саі тасіііту	41. 2nd Medically Reported Cause of Death 🙋 🙋
(1) Trauma center		
(2) Hospital		42. 3rd Medically Reported Cause of Death <u>O</u>
(3) Medical clinic (4) Physician's office		Code the Occupant Injury from line
(5) Treatment later at me	dical facility	number(s) for the medically reported
(8) Other (specify):	dicar facility	injury(s) which reportedly contributed to
(6) Other (specify).		this occupant's death
(9) Unknown		(00) Not fatal or no additional causes
(5) Olikilowii		(96) Mode of death given but specific
	<i>D</i> '	injuries are not linked to cause
37. Hospital Stay	02	of death. (specify):
(00) Not Hospitalized	-	(97) Other result (includes fatal ruled
•	days (up through 60)	disease) (specify):
that the occupant stayed		disease/ (specify).
(61) 61 days or more		(99) Unknown
(99) Unknown		(33) GIRHOWH
		43. Number of Recorded Injuries for
		This Occupant
		Code the actual number of
		injuries recorded for this occupant.
		(00) No recorded injuries
		(97) Injured, details unknown
		(99) Unknown if injured

	AUTOMATIC BELT SYSTEM	48	Automatic (Passive) Belt Failure Modes
	Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown	70.	During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify):
	Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown Automatic (Passive) Belt System Type	49.	Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify):
4 0.	(0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown		Check the Primary Source Used In Determining Belt Use.
	Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat		 [] Not equipped/not available/destroyed or rendered inoperative [] Vehicle inspection [] Official injury data [] Driver/occupant interview [] Other (specify):
	 Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): 		[] Unknown if belt used
	(8) Other improper use of automatic belt system (specify):(9) Unknown		
	ARE ALL APPLICABLE MEDICAL RECOR WITH INITIAL SUBMISSION?	DS	INCLUDED NO [X] YES []
	UPDATE CANDIDATE?		NO[] YES[为]

STOP - VARIABLES 50 THROUGH 53 AF	2#	·	BELT USE DETERMINATION	
STOP - VARIABLES 50 THROUGH 53 AF COMPLETED BY THE ZONE CENTER	53.	(O)	ary Source of Belt Use Determination Not equipped/not available/destroyed or rendered inoperative	_/
TRAUMA DATA		(1) (2)	Vehicle inspection Official injury data	
50. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured	5	(3) (8)	Oriver/occupant interview Other (specify): Unknown if belt used	
51. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given	_/			
52. Arterial Blood Gases (ABG) – HCO ₃ (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of theHCO ₃ (96) ABGs reported, HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured				

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Administration

U.S. Department of Transportation National Highway Traffic Safety

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

3. Vehicle Number

 $\frac{\circ}{\circ}$

2. Case Number - Stratum

085 C

4. Occupant Number

02

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

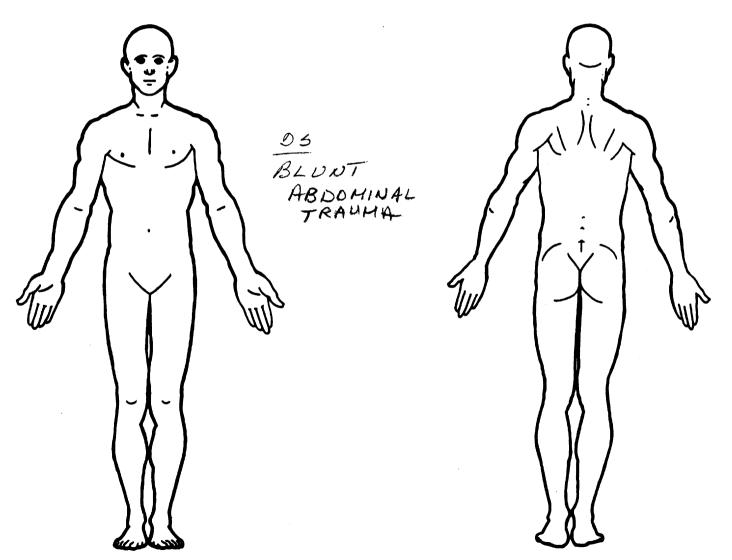
				A.I.S	90		_		Injury		Occupant
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	/ Aspect	Injury Source	Source Confidenc Level	Direct/ e Indirect Injury	
abd 18t	omen 5. <u>2</u>	- blu 6. <u>5</u>	nt tra	uni 3. <u>50</u>	9. <u>9</u> 9	107	11.	12. 41	13. <u>3</u>	14	15. <u>0</u> 0
2nd	16	17	18 19)	20	21	22	23	24	25	26
3rd	27	28	29 30	D	31	32	33	34	35	36	37
4th	38	39	40 4	1	42	43	44	45	46	47	48
5th	49	50	51 5	2	53	54	55	56	57.	58	59
6th	60	61	62 63	3	64	65	66	67	68	69	70
7th	71	72	73 74	4	75	76	77	78	79	80	81
8th	82	83	84 8!	5	86	87	88	89	90	91	92
9th	93	94	95 96	S	97	98	99	100	101	102	103
10th	104 1	105 1	06 107	7	108	109	110	111	112	113	114

·	OCCUPANT INJURY DATA										
	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
11th										-	
12th		- 175 .3									
13th											
14th		-									
15th											
16th		ing salah sa							-		
17th										-	
18th											
19th							_		_	_	
20th			- 1985 1985								
21st									<u> </u>		
22 nd									_		
23rd											
24th		_					_		_		
25th											

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

ER OLOC



SOURCE OF INJURY DATA **OFFICIAL**

- (1) Autopsy records with or without hospital/ medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge
- Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): .
- (9) Police

INJURY SOURCE

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Giove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify):
- (19) Other front object (specify):

LEFT SIDE

- (20) Left side interior surface. excluding hardware or armrests
- (21) Left side hardware or armrest (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify):

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify):
- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify):
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify):
- (47) Interior loose objects
- (48) Child safety seat (specify):
- (49) Other interior object (specify):

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail (53) Roof right side rail
- (54) Roof or convertible top
- **FLOOR**
- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking

(60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- Other exterior surface or tires (specify):
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify)
- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82)Other exterior of other motor vehicle (specify):
- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE **ENVIRONMENT**

- (84) Ground
- (85) Other vehicle or object (specify)
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- Other noncontact injury source (92)(specify):
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1)Certain
- (2) Probable
- Possible
- Unknown

DIRECT/INDIRECT INJURY

- Direct contact injury
- Indirect contact injury
- (3)Noncontact injury
- Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

- Head
- (2) Face Neck
- Thorax (5) Abdomen
- (6) Spine
- (7)**Upper Extremity** (8) Lower Extremity
- Unspecified

Type of Anatomic Structure

- Whole Area
- (3) Nerves
- Organs (includes muscles/
- ligaments) Skeletal (includes joints)
- 16 Head - LOC Skin
- (9)

Specific Anatomic Structure

- Whole Area (02) Skin Abrasion
- (04) Skin Contusion (06) Skin Laceration (08) Skin Avulsion
- (10) Amputation (20)
- Burn Crush
- (40)
- Degloving Injury NFS Trauma, other than mechanical

- (02) Length of LOC (04, 06, 08) Level of Consciousness

- Spine (02) Cervical
- (06) Lumbar
- Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- Minor injury
- Moderate injury (3)
- Serious injury Severe injury
- Critical injury (6) Maximum (untreatable)

(7) Injured, unknown severity

Aspect

- Right
- (2) Left
- Bilateral Central
- (3) (4) (5) Anterior
- (6) (7) Posterio: Superior
- Inferior (9) Unknown
- Whole region

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

__No

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/di)

BAL = MR

Glasgow Coma Scale Score

gcss = 15

Units of Blood Given

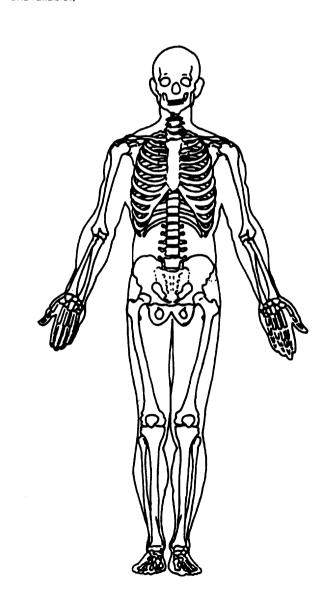
Units =

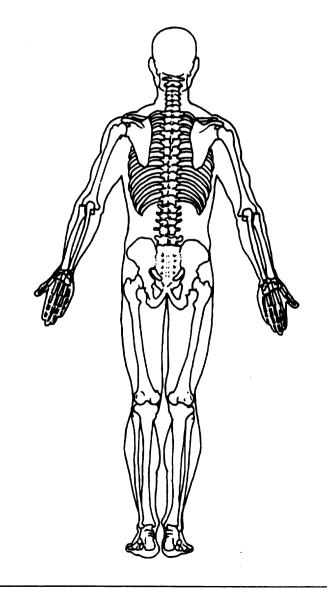
Arterial Blood Gases

PO₂ = ____

PCO₂

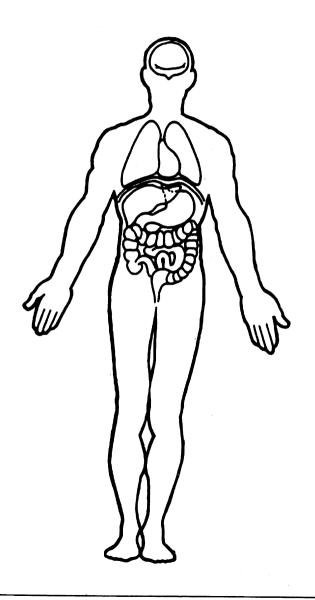
rot

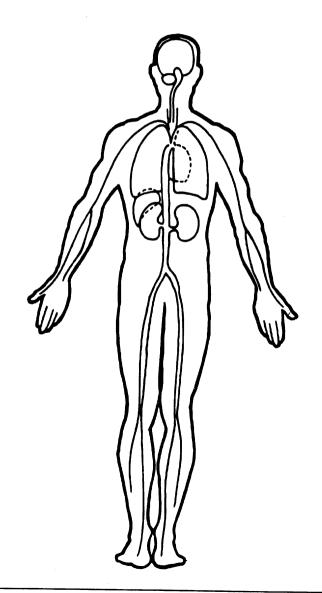




OFFICIAL INJURY DATA -INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)







U.S. Department of Transportation

National Highway Traffic Safety

UPDATE FORM

Sticker

NATIONAL ACCIDENT SAMPLING SYSTEM

Administration	OIDAI	CRA	SHWORTHINESS DATA SYSTEM
Primary Sampling Unit Number	04	Driver or Occupant Name:	
2. Case Number — Stratum	<u>085</u> C	Address:	
3. Vehicle Number	01		
4. Occupant Number	02	Other Information:	
1994		Discharge and Ex	i.
		Tournize this section phor to	O Opuate Submission.)
STATU	JS OF LOG IN	JURY INFORMATION	
SUBM	TIAL UPDATED INSSION INFORMATION	OAL18. Medical Facility Code	09 09
OAL08. Date Official Medical Data Requested		OV12 Alaskal Tana Bassika Fac	96 96
	94	GV12. Alcohol Test Results For Driver	10 10
OAL09. Date Official Medical Data Obtained		GV39. Other Drug Specimen Test Type For Driver	<u>o</u>
OAL16. Injury Treatment Status 닉	<u>4</u>		
OAL17. Injury Information			
Official a. Autopsy (invasive examination) B			
b. Post-ER medical record which <u>B</u> includes information about death based on non-invasive examination			
c. Admission record/summary or <u>B</u> O	8 11		
d. Discharge summary <u>B</u>	11		
e. Operative report <u>B</u>			
f. Radiographic record(s) (X-ray, B C CT scan)	8 TT-		
g. History and physical examination <u>B</u> C and/or consultation records	<u> </u>		
h. Emergency room records (includes <u>B</u> <u>O</u> nurses' notes)	8 11		
j. Private physician <u>B</u>			
<u>Unofficial</u>			
k. Lay coroner <u>B</u>			
I. EMS record <u>B</u>			
m. Interviewee B			
n. Other source (specify):	В		

<u>B</u> <u>B</u> ____

o. Police report

				
	OCCUPANT RELATED	24.	Rollover	0
16.	Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown		(0) No rollover (no overturning) Rollover (primarily about the longitudinal axis) (1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns (3) Rollover, 3 quarter turns	
17.	Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle (97) 97 or more (99) Unknown		 (3) Rollover, 3 quarter turns (4) Rollover, 4 or more quarter turns (specify) (5) Rolloverend-over-end (i.e., primarily about the lateral axis) 	:
18.	Number of Occupant Forms Submitted		(9) Rollover (overturn), details unknown	
	VEHICLE WEIGHT ITEMS		OVERRIDE/UNDERRIDE (THIS VEHICLE)
19.	Vehicle Curb Weight	25.	Front Override/Underride (this Vehicle)	0
	10 kilograms. (045) Less than 450 kilograms	26.	Rear Override/Underride (this Vehicle)	0
	(610) 6,100 kilograms or more (999) Unknown 3 9 0 s 10 10 10 10 10 10 10		(0) No override/underride, or not an end-to-end impact	
20.	Source: Vehicle Cargo Weight O, O O		Override (see specific CDC) (1) 1st CDC (2) 2nd CDC (3) Other not automated CDC (specify):	
	Code weight to nearest 10 kilograms. (000) Less than 5 kilograms (450) 4,500 kilograms or more (999) Unknown		Underride (see specific CDC) (4) 1st CDC (5) 2nd CDC (6) Other not automated CDC (specify):	
	RECONSTRUCTION DATA		(7) Medium/heavy truck or bus override	
21.	Towed Trailing Unit (0) No towed unit		(9) Unknown	
	(1) Yes—towed trailing unit (9) Unknown		HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V	
	Documentation of Trajectory Data for This Vehicle (0) No (1) Yes		Values: (000)-(359) Code actual value (997) Noncollision (998) Impact with object (999) Unknown	
23.	Post Collision Condition of Tree or Pole (For Highest Delta V)	27.	Heading Angle For This Vehicle 3 2	6
	(0) Not collision (for highest delta V) with tree or pole (1) Not damaged (2) Cracked/sheared (3) Tilted <45 degrees (4) Tilted ≥45 degrees (5) Uprooted tree (6) Separated pole from base (7) Pole replaced (8) Other (specify):	28.	Heading Angle For Other Vehicle 3	4
	(9) Unknown			

Cate- gory	Contigur-	ACCIDENT TYPES (Includes Intent	1)	
	A Right Roadside Departure	DRIVE OFF CONTROL/ TRACTION LOSS WITH VEH PE	HON SPECIFICS I	06 PECIFICS UNKNOWN
Single Driver	B Left Roadside Departure	DRIVE OFF CONTROL/ AVOID COLLIS WITH VEH P	HON SPECIFICS S	O PECIFICS INKNOWN
-	C Forward Impact	PARKED VEH. STA. OBJECT PEDESTRIAN/ END DEPAR		S PECIFICS UNKNOWN
1	D Rear-End	20 21 24 28 28 29 30 30 30 30 30 30 30 30 30 30 30 30 30	31 SPECIFICS S	EACH • 33) SPECIFICS SINKNOWN
II Sane Trafficway Sane Direction	E Forward Impact	CONTROL/ CONTROL/ AVOID COLLISION	40 12 IEACH • 42 AVOID COLLISION SPECIFICS OTHER	SPECIFICS UNKNOWN
_	F Sideswipe Angle	44 45 45 SPECIFICAL OTHER		49) UNKNOWN
ay .ition	G Head-On	50 51 (EACH - 52) (EACH	• 53) CS UNKNOWN	
Same Trafficway Oppiwite Difection	H Forward Impact		VOID COLLISION SPECIFICS OTHER	E){EACH + 63 SPECIFICS UNKNOWN
≣	l. Sideswiper Angle	64 (EACH • 66) (EACH SPECIFICS SPECIFIC LATERAL MOVE OTHER	• 67) ICS UNKNOWN	
Change Trafficway Vehicle Turning	J. Turn Across Path	INITIAL OPPOSITE INITIAL SAME DIRECTIONS DIRECTIONS	(EACH • 74) SPECIFICS OTHER	SPECIFICS UNKNOWN
1V. Change Trafficw Vehicle Turning	K. Turn Into Path	TURN INTO SAME DIRECTION TURN INTO OPPOSITE C	SPECIFICS	SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L. Straight Paths	EACI SPECI OTHER		
VI Miscel- laneous	M. Backing Etc.	OR OBJECT SO U	ther Accident Type nknown Accident Type o Impect	

OTHER DATA	61. Rollover Initiation Object Contacted
56. Driver's Zip Code	<u>O D</u>
(00000) Driver not present (00001) Driver not a resident of U.S. or territories Code actual 5-digit zip code (99999) Unknown	62. Location on Vehicle Where Initial Principal Tripping Force Is Applied (0) No rollover (1) Wheels/tires (2) Side plane
57. Driver's Race/Ethnic Origin (0) Driver not present (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (8) Other (specify):	(3) End plane (4) Undercarriage (5) Other location on vehicle (specify): (8) Non-contact rollover forces (specify): (9) Unknown
(9) Unknown 58. Vehicle Special Use (This Trip) (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance (7) Fire truck or car	 (0) No rollover (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis (5) End-over-end (i.e., primarily about the lateral axis) (9) Unknown roll direction PRECRASH DATA
(8) Other (specify):	
(9) Unknown	64. Pre-Event Movement (Prior to Control Recognition of Critical Event)
ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over	(01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes
 (7) Collision with another vehicle (8) Other rollover initiation type specify): (9) Unknown rollover initiation type 	(15) Merging (16) Successful avoidance maneuver to a previous critical event (97) Other (specify):
60. Location of Rollover Initiation (0) No rollover (1) On roadway (2) On shoulder—paved (3) On shoulder—unpaved (4) On roadside or divided trafficway median (9) Unknown	(98) No driver present (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover	(57) Fence
(01-30) — Vehicle Number	(58) Wall
	(59) Building
Noncollision	(60) Ditch or culvert
(31) Turn-over — fall-over	(61) Ground
(33) Jackknife	(62) Fire hydrant
	(63) Curb
Collision With Fixed Object	(64) Bridge
(41) Tree (≤ 10 cm in diameter)	(68) Other fixed object (specify):
(42) Tree (> 10 cm in diameter)	• • • • • • • • • • • • • • • • • • • •
(43) Shrubbery or bush	(69) Unknown fixed object
(44) Embankment	. ,
•	Collision with Nonfixed Object
(45) Breakaway pole or post (any diameter)	(71) Motor vehicle not in-transport
	(76) Animal
Nonbreakaway Pole or Post	(77) Train
(50) Pole or post (≤ 10 cm in diameter)	(78) Trailer, disconnected in transport
(51) Pole or post (> 10 cm but \leq 30 cm in	(79) Object fell from vehicle in-transport
diameter)	(88) Other nonfixed object (specify):
(52) Pole or post (> 30 cm in diameter)	, , ,
(53) Pole or post (diameter unknown)	(89) Unknown nonfixed object
(5.4) . 6	·
(54) Concrete traffic barrier	(98) Other event (specify):
(55) Impact attenuator	
(56) Other traffic barrier (includes guardrail)	(99) Unknown event or object

(specify):____

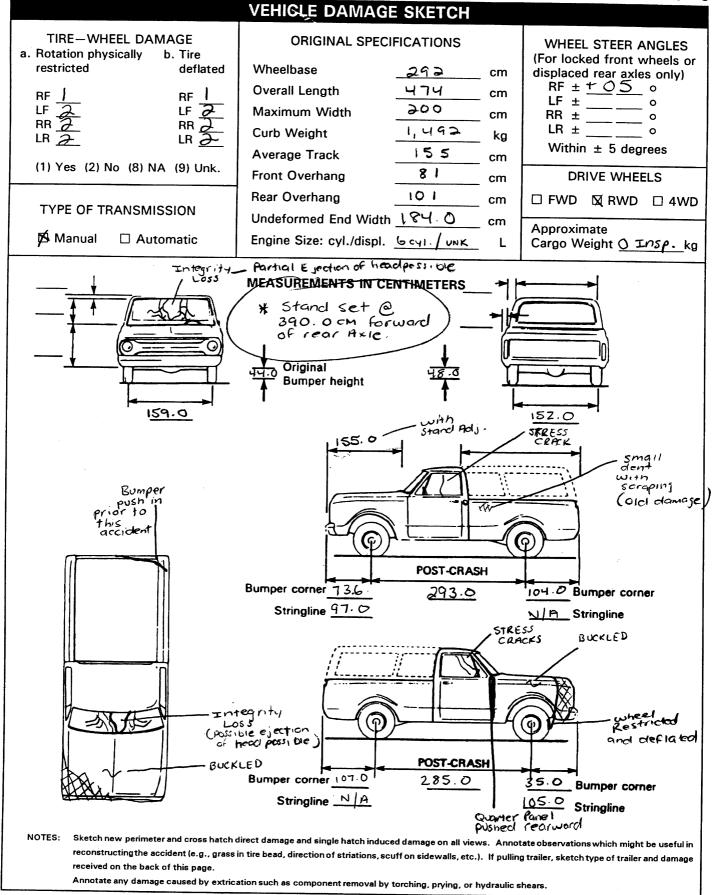


U.S. Department of Transportation

National Highy Administration	vay Traffic Safety	y 	E	KTERIOR	VEHI	CLE F	ORM	N/			SAMPLING NESS DAT	
1. Prima	ry Sampling	Unit Nu	ımber	0	1 з	. Vehic	le Numb	er			0	<u> </u>
2. Case	Number - Str	atum	0	85C								
				VEHICLE	IDENT	IFICAT	ION					
VIN 3	<u>C14</u>	Ч_	TIO	112	7	Í			_	Model `	Year <u>6</u>	3
Vehicle Ma	ake (specify):	Ch	everole	et		Vehicle	Model (specify)	<u>C-</u>	16 Pi	cklup	<u> </u>
					OCATO							
	e end of the o amaged axle			ct to the ve	hicle lon	gitudina	l center	line or I	oumper	corner f	or end ii	mpacts
Specific I	mpact No.		Location	of Direct D	amage			L	ocation	of Field	L	
1		76.0	Beg. @	RF BUMF	PER CO	RNER	FRON	TBUM	PERCO	ener t	O COR	NER
												
			CRU	SH PROFI	LE IN	CENTI	VIETER	S				
\$	dentify the p sill, etc.) and Measure and	label a	djustments	(e.g., free s	pace).				-	e bumpe	er, at sill	, above
	Measure C1 t mpacts.	o C6 fi	rom driver t	o passenger	r side in	front or	rear im	pacts a	nd rear	to front	in side	
t	Free space va the individual side taper, etc	C loca	tions. This	may include	e the fol	lowing:	bumper	lead, b	umper t	body co aper, si	ntour ta de protri	ken at usion,
ţ	Jse as many	lines/co	olumns as n	ecessary to	describ	e each (damage	profile.		*		
Specific Impact Number	Plane of Im C-Measurer		Direct D Width (CDC)	Damage Max Crush	Field L	C,	C ₂	C ₃	C₄	C ^e	C ₆	±D
1	Front Bur	MPER	76.0	70.0	167.0	23.4	20.7	27.0	22.6	31.8	70.0	+47.0
	free spa			4.0	_	4.0	.5	σ	0	٠5	4.0	
	Stand 1		_	-17.0		-17.0	-17.0	-17.0	-17.0	-17.0	-17.0	s
	Results		76.0	49.0	167.0	2.4	3.2	5.0	5.6	14.3	49.0	+47.0
							ļ					
				AT C6		<u> </u>						
· · · · · · · · · · · · · · · · · · ·								·				

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	115.0	inches	x 2.54	=	$\frac{2}{9}$ $\frac{9}{2}$ cm
Overall Length	186.8	inches	x 2.54	=	<u>474</u> cm
Maximum Width	78.8	inches	x 2.54	=	200 cm
Curb Weight	3,290	pounds	x .4536	=	1,492 kg
Average Track		inches	x 2.54	=	<u>1 5 5</u> cm
Front Overhang	<u>31.8</u>	inches	x 2.54	=	<u>8</u>
Rear Overhang		inches	x 2.54	=	<u> </u>
Undeformed End Width		inches	x 2.54	=	<u>184</u> cm
Engine Size: cyl./displ.		сс	x .001	=	L
		CID	x .0164	=	. L



CDC WORKSHEET										
CODES FOR OBJECT CONTACTED										
(01-30) — Vehicle Number				• -	7) Fence	•				
l					8) Wall					
Noncoll				9) Building						
	Overturn — r				0) Ditch or	culvert				
	(32) Fire or explosion				1) Ground					
	Jackknife				2) Fire hyd	irant				
(34)	Other intraun	it damage (specif	fy):		3) Curb					
				4) Bridge						
	(35) Noncollision injury			(6	8) Other fi	xed object (specify):			
(38)	Other noncol	lision (specify):								
				_ (6	9) Unknov	n fixed obje	ect			
(39)	Noncollision	 details unknow 	vn	-						
		_				onfixed Obje				
	n With Fixed ((71) Motor vehicle not in-transport					
		m in diameter)			Pedestri					
		m in diameter)			3) Cyclist					
	Shrubbery or			(7	4) Other n	Other nonmotorist or conveyance				
(44)	Embankment									
					5) Vehicle	occupant				
(45)	Breakaway p	ole or post (any o	liameter)		(76) Animal					
					7) Train	Train				
	akaway Pole d						d in transpo			
		(≤ 10 cm in dian			(79) Object fell from vehicle in-transport					
(51)	Pole or post	(> 10 cm but ≤	30 cm in	(8	8) Other n	onfixed obje	ct (specify):			
ĺ	diameter)									
		(> 30 cm in dian		(89) Unknown nonfixed object						
(53)	Pole or post	(diameter unknow	vn)							
				(9	8) Other e	vent (specify	y):			
	Concrete traf									
	Impact attend		(9	9) Unknov	n event or o	object				
(56)		barrier (includes (guardrail)							
	(specify):			_						
DEFORMATION CLASSIFICATION BY EVENT NUMBER										
		DEFORMA	ION CLASS	SIFICATION	DI EVENI N	IONIDER				
l					(4)	(5)				
Accident		(1) (2)	In	(3)	Specific	Specific	(6) Turns of	(7)		
Event Sequence	Object	Direction of Force	Incremental Value of	(3) Deformation	Longitudinal or Lateral	Vertical or Lateral	Type of Damage	(7) Deformation		
Number	Contacted	(degrees)	Shift	Location	Location	Location	Distribution	Extent		
							/			
101	0	+10	00	F	Z	E	'W'	02		
		<u> </u>		-			<u></u>			
										
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COLLISION DEFORMATION CLASSIFICATION								
HIGHEST DELTA "V"								
Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	n Deformation	(4) Longitudinal n or Lateral Location	Lateral	(6) Type of Damage Distribution	(7) Deformation Extent	
4. <u>0</u> <u>1</u>	5. <u>0</u> <u> </u>	61_2	7 <u>.</u> F	8. <u>Z</u>	9. <u>E</u>	10	11. <u>0</u> <u>2</u>	
Second Highest Delta "V"								
12	13	14	15	16	17	18	19	
	CRUSH PROFILE IN CENTIMETERS							
The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)								
HIGHEST DELTA "V"								
20. 	21. 			C	С _в	C ₆	22. ±D	
184	002	003	005	006	514 0	<u>49</u>	047	
Second Highest Delta "V"								
23. 	24. 				С ₆	C ₆	25. ±D	
					-		- - - — — —	
26. Are CDCs Documented but Not Coded on The Automated File? (0) No (1) Yes			7. Researcher's A of Vehicle Disp (0) Not towed ovehicle dam (1) Towed due vehicle dam (9) Unknown	osition due to nage to	r	28. Original Wheelbase 292 Code to the nearest centimeter (999) Unknown		
inches X 2.54 = centimeters						centimeters		

29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? (0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): (Include photograph of CERTIFICATION PLACARD in case report) (9) Unknown if vehicle is modified 30. Fire Occurrence (0) No fire Yes, fire occurred (1) Minor (2) Major	0_	34. Fuel Tank-1 Location 35. Fuel Tank-2 Location (0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) (8) Other (specify):
(2) Major (9) Unknown		(8) Other (specify):
31. Origin of Fire	<u>D</u>	
(0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): (9) Unknown 32. Type of Fuel Tank-1 33. Type of Fuel Tank-2 (0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown	90	36. Fuel Tank-1 Filler Cap Location 37. Fuel Tank-2 Filler Cap Location (0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane (7) Over the center of the rear wheels (rear axle) on right side plane (8) Other (specify): On Left B-P, II as (9) Unknown
		39. Fuel Tank-2 Damage (0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify):

40.	Location of Fuel System-1 Leakage	9	44. Is This Vehicle Equipped With More Than Two Fuel Tanks?
41.	Location of Fuel System-2 Leakage	O	(0) No (one or two tanks only)
l	(O) No fuel tank		, to the terms of the terms of the
	(1) No fuel leakage		Yes - More Than Two Tanks
	-		(1) Yes no damage to any tank or filler
	Primary Area Of Leakage		cap and <u>no fuel system leakage</u>
	(2) Tank		(2) Yes no damage to any tank or filler
	(3) Filler neck		cap but there is fuel system leakage
	(4) Cap		(specify leakage location):
	(5) Lines/pump/filter		
	(6) Vent/emission recovery		(3) Yes <u>damage</u> to an additional tank or
	(8) Other (specify):		filler cap and there is fuel system leakage
1	(0)		(specify the following):
	(9) Unknown		Type of tank
ĺ			Tank location
12	Fuel Type-1	99	Filler cap location
42.	ruei Type-T		Tank damage
43	Fuel Type-2	00	Location of leakage
70.	ruei rype-2		Type of fuel
l	Single Fuel Type		(b) Officiowith more than two tanks
	(00) No fuel tank		
	(01) Gasoline		
	(02) Diesel		COMMENTS
ĺ	(03) CNG (Compressed Natural Gas)		
	(04) LPG (Liquid Petroleum Gas) also		<u></u>
	known as Propane		
	(05) LNG (Liquid Natural Gas)		
	(06) Methanol (M100 or M85)		
1	(07) Ethanol (E100 or E85)		
	(08) Other (Hydrogen or others) (specify):		
	Electric Powered or Electric/Solar		
	Powered Vehicles		
	(10) Lead Acid Battery		
	(11) Nickel-Iron Battery		
	(12) Nickel-Cadmium Battery		
	(13) Sodium Metal Chloride Battery		
	(14) Sodium Sulfur Battery		
1	(18) Other (Specify):	 	
	100) 0:1		
	(98) Other Hybrid (specify):		
	(00) Halmania first trans		
	(99) Unknown fuel type		
**	* STOP: IF THE CDS APPLICABLE VI	EHICLE W	WAS NOT TOWED AND WAS NOT AN AOPS ***
l	(i.e., $GVU9 = U$ OK 9 AND $GV36 = 0$), DO NO	OT COMPLETE THE INTERIOR VEHICLE FORM.
ĺ			
1			



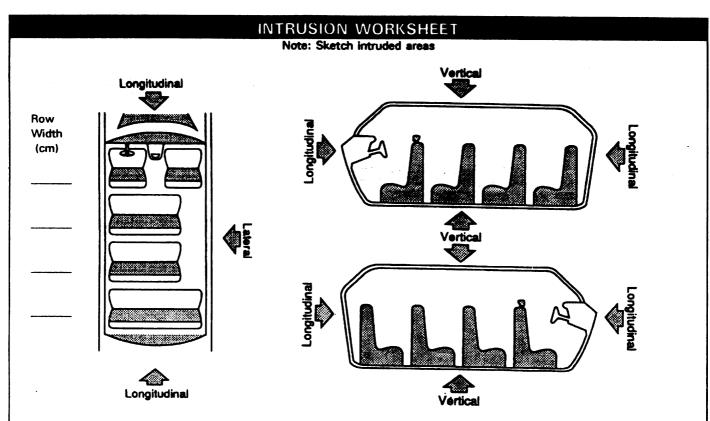
National Highway Traffic Safety Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

	GLAZING
1. Primary Sampling Unit Number	Glazing Damage from Impact Forces
2. Case Number - Stratum 085 C	15. WS 0 16. LF 2 17. RF 2 18. LR 8 19. RR 8
3. Vehicle Number	20. BL <u>0</u> 21. Roof <u>8</u> 22. Other <u>0</u>
4. Passenger Compartment Integrity (00) No integrity loss	(0) No glazing damage from impact forces (2) Glazing in place and cracked from impact forces (3) Glazing in place and holed from impact forces (4) Glazing out-of-place (cracked or not) and not holed from
Yes, Integrity Was Lost Through (O1) Windshield (O2) Door (side) (O3) Door/hatch (back door) (O4) Roof (O5) Roof glass	impact forces (5) Glazing out-of-place and holed from impact forces (6) Glazing disintegrated from impact forces (7) Glazing removed prior to accident (8) No glazing (9) Unknown if damaged
(06) Side window (07) Rear window (backlight)	Glazing Damage from Occupant Contact
(08) Roof and roof glass (09) Windshield and door (side)	23. WS <u>5</u> 24. LF <u>0</u> 25. RF <u>0</u> 26. LR <u>0</u> 27. RR
(10) Windshield and roof (11) Side and rear window (side window and backlight)	28. BL <u>()</u> 29. Roof <u>()</u> 30. Other
(12) Windshield and side window (13) Door and side window (98) Other combination of above (specify):	 (0) No occupant contact to glazing or no glazing (1) Glazing contacted by occupant but no glazing damage (2) Glazing in place and cracked by occupant contact
Door, Tailgate or Hatch Opening 5. LF 6. RF 7. LR 8. RR 9. TG/H	 (3) Glazing in place and holed by occupant contact (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact (5) Glazing out-of-place by occupant contact and holed by occupant contact (6) Glazing disintegrated by occupant contact (9) Unknown if contacted by occupant
(0) No door/gate/hatch	If No Glazing Damage <i>And</i> No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As Ø
(1) Door/gate/hatch remained closed and operational (2) Door/gate/hatch came open during collision	
(3) Door/gate/hatch jammed shut	Type of Window/Windshield Glazing
(8) Other (specify):	31. WS 32. LF 8 33. RF 34. LR 35. RR
(9) Unknown	
	36. BL <u>()</u> 37. Roof <u>()</u> 38. Other <u>()</u>
Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø 10. LF 11. RF 12. LR 13. RR 14. TG/H	(0) No glazing contact and no damage, or no glazing (1) AS-1 — Laminated (2) AS-2 — Tempered (3) AS-3 — Tempered-tinted (4) AS-14 — Glass/Plastic
(0) No door/gate/hatch or door not opened	(B) Other (specify): (P) PPEAR'S to be (9) Unknown non-temperce) (B) Appears non-laminates
Door, Tailgate or Hatch Came Open During Collision	(R) Appears non-lamin
(1) Door operational (no damage)	Window Precrash Glazing Status
(2) Latch/striker failure due to damage	
(3) Hinge failure due to damage	39. WS \setminus 40. LF \nearrow 41. RF \nearrow 42. LR $^{()}$ 43. RR $()$
(4) Door structure failure due to damage(5) Door support (i.e., pillar, sill, roof side rail,	44. BL 45. Roof 46. Other
etc.) failure due to damage (6) Latch/striker and hinge failure due to damage	++. bt +0. Nooi_/ +0. Other_
(8) Other failure (specify):	(0) No glazing contact and no damage, or no glazing (1) Fixed
(9) Unknown	(2) Closed (3) Partially opened (4) Fully opened

(9) Unknown

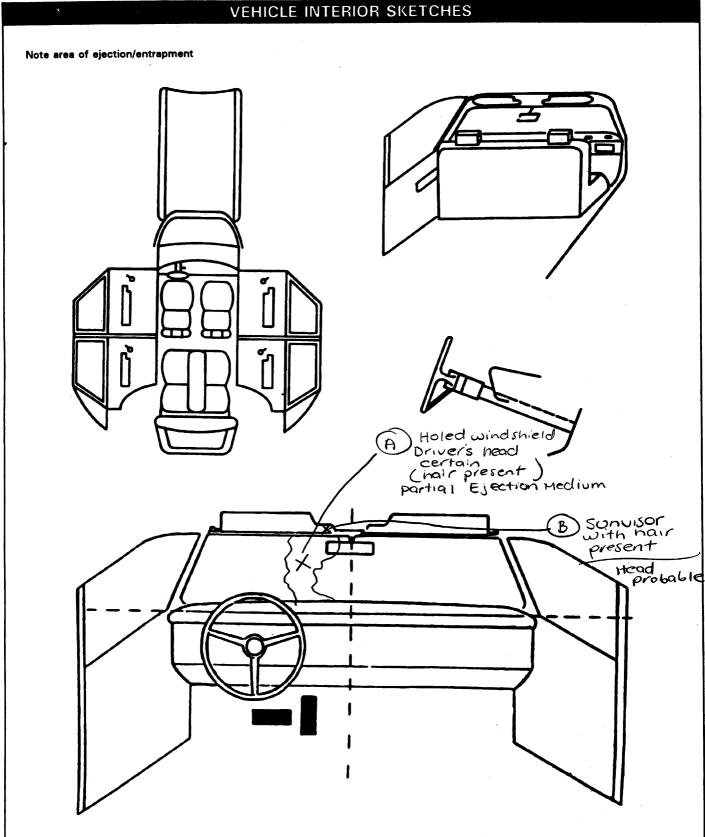


LOCATION		(All Measurements Are In Centimeters) DOMIN						
LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	Meas	INTRUDED VALUE	ntimeters) =	INTRUSION	DOMINANT CRUSH DIRECTION	
13	Toe Pan	57.0	_	60.0				
			_		=			
			_		=			
			_		=			
			_		=			
			_		=	· · · · · · · · · · · · · · · · · · ·		
					=			
			_		=			
			_		=			
			_		=			
					=			
					=			
					=			
					=			
			_		=		·	

	OCCUPANT AREA INTRUSION								
Note	: If no intrusior	ns, leave varial	bles IV47-IV	/86 blank.	INTRUDING COMPONENT				
	Location of	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction	Interior Components (01) Steering assembly (02) Instrument panel left				
1st	47	48	_ 49	50	(03) Instrument panel center (04) Instrument panel right (05) Toe pan (06) A (A1/A2)-pillar (07) B-pillar				
2nd	51	52	_ 53	54	(08) C-pillar (09) D-pillar (10) Door panel (side)				
3rd	55	56	_ 57	58	(12) Roof (or convertible top) (13) Roof side rail (14) Windshield (15) Windshield header				
4th	59	60	61	62	(16) Window frame (17) Floor pan (includes sill) (18) Backlight header (19) Front seat back				
5th	63	64	_ 65	66	(20) Second seat back (21) Third seat back (22) Fourth seat back (23) Fifth seat back				
6th	67	68	_ 69	70	(24) Seat cushion (25) Back door/panel (e.g., tailgate) (26) Other interior component (specify):				
7th	71	72	_ 73	74	(27) Side panel - forward of the A (A2)-pillar (28) Side panel - rear of the A (A2)-pillar				
8th	75	76	_ 77	78	(30) Hood (31) Outside surface of this vehicle (specify): (32) Other exterior object in the environment				
9th	79	80	_ 81	82	(specify): (33) Unknown exterior object (97) Catastrophic (98) Intrusion of unlisted component(s)				
10th	83	84	_ 85	86	(specify):(99) Unknown				
	TION OF INST								
Fro	TION OF INTF ont Seat (11) Left (12) Middle (13) Right	Fourth (41) (42)			MAGNITUDE OF INTRUSION (1) ≥ 3 centimeters but < 8 centimeters (2) ≥ 8 centimeters but < 15 centimeters (3) ≥ 15 centimeters but < 30 centimeters (4) ≥ 30 centimeters but < 46 centimeters (5) ≥ 46 centimeters but < 61 centimeters				
	cond Seat (21) Left (22) Middle (23) Right	(98)	Catastroph Other encloarea (speci	osed	(6) ≥ 61 centimeters (7) Catastrophic (9) Unknown				
	ird Seat (31) Left (32) Middle (33) Right	(99)	Unknown		DOMINANT CRUSH DIRECTION (1) Vertical (2) Longitudinal (3) Lateral (7) Catastrophic (9) Unknown				

COMPARISON VALUE — DAMAGE VALUE = DEFORMATION - = = = = = = = = = = = = = = = = = =	STEERING RIM/SPOKE DEFORMATION										
		(All Messurements Are in Centimeters)									
	COMPARISON VALUE	_	DAMAGE VALUE	=	DEFORMATION						
		-		=							
				#							
				=							
		-		=							

87. Steering Column Type (1) Fixed column (2) Tilt column (3) Telescoping column (4) Tilt and telescoping column (8) Other column type (specify): (9) Unknown	93. Location of Steering Rim/Spoke Deformation (00) No steering rim deformation Quarter Sections (01) Section A (02) Section B (03) Section C (04) Section D Half Sections (05) Upper half of rim/spoke (06) Lower half of rim/spoke (07) Left half of rim/spoke (08) Right half of rim/spoke (09) Complete steering wheel collapse
so that numbering consistency can be maintained with the 1988-94 CDS.	(10) Undetermined location (99) Unknown INSTRUMENT PANEL
89. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.	94. Odometer Reading kilometers—Code to the nearest 1,000 kilometers (000) No odometer (001) Less than 1,500 kilometers (500) 499,500 kilometers or more (999) Unknown
90. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.	23,495 miles x 1.6093 = 37,811 kilometers Source: ODOMETER READING (Probably Turne over a few times) 95. Instrument Panel Damage from
91. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.	Occupant Contact? (0) No (1) Yes (9) Unknown
92. Steering Rim/Spoke Deformation Code actual measured deformation to the nearest centimeter (00) No steering rim deformation (01-14) Actual measured value in centimeters (15) 15 centimeters or more	Occupant Contact? (0) No (1) Yes (8) Not present (9) Unknown
(98) Observed deformation cannot be measured (99) Unknown	97. Did Glove Compartment Door Open During Collision(s)? (0) No (1) Yes (8) Not present (9) Unknown



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

Contr		Interior Component	Occupant No. If Known		Body Region If	Supporting Bh		. ida	Confidence Level of Contact
Conta	act	Contacted		+	(nown	Supporting Ph	ysicai t	vidence	Point
		01	01	1	<u>cad</u>	hair present			
В		03	01	1 h	eaci	hair Present			<u> </u>
С									
D									
E									
F									
G						_			
н				+					
1				+					
									
J									<u> </u>
K									
L									
М									
N									
	Windsh	nield	С		Left B-pilla	ERIOR COMPONENTS r piller (specify):		Other occupants (sp	
(03)	Mirror			(25) Left side window glass or frame			(47) (48)) Interior loose objects) Child safety seat (specify):	
		g wheel rim g wheel hub/spok	. e	(26) Left side window glass including one or more of the following:				Other interior object	t (specify):
		g wheel (combine s 04 and 05)	ition		-	dow sill, A (A1/A2)-pillar,			
		g column, transm	ission	(27)	• •	roof side rail. side object (specify):	ROOF		
		r lever, other atta		(28) Left side window sill			(50)	Front header	
		equipment (e.g., ir conditioner)	CB, tape	(28) Left side window sill			(51) (52)	Rear header Roof left side rail	
		trument panel an			GHT SIDE			Roof right side rail	
		instrument panel Istrument panel a		(30)	30) Right side interior surface, excluding hardware or armrests			Roof or convertible	top
		compartment door		(31)	•	hardware or armrest	FLOOR		
	Knee be			(32)	- · · · · · · · · · · · · · · · · · · ·			Floor (including toe	•
	of the f	sield including one following: front he A2)-pillar, instrum	eader,	(33) (34)) Floor or console mounted transmission lever, including	
		or steering assen	•	(35)	Right side	window glass or frame	(58)	console Parking brake handl	•
	side on	•	07 more	(36)	-	window glass including	(59)	Foot controls includ	ing parking
		ield including one following: front he				e of the following: dow sill, A (A1/A2)-pillar,		brake	
		A2)-pillar, instrum	•			roof side rail.	REAR		
		passenger side or side air bag comp	•	(37)	Other right	side object (specify):	(60) (61)	Backlight (rear wind Backlight storage ra	' -
	cover		ar tirrorit	(38) Right side		window sill	(62)		
		ger side air bag tment cover		INTERIO	1 0				
	-	ield reinforced by			Seat, back	support			
	object ((specify):		(41)	Belt restrai	nt webbing/buckle			
(19)	Other fo	ront object (speci	fy):	(42)	Belt restrai	•		CONTACT POU	
				(43)		aint system component		CONTACT POI	1 4 I
(20)		e interior surface,		(44)	(specify):_ Head restra	aint system		(1) Certain (2) Probable	
						•		(#) I IUDGUIG	

(45) Air bag (use codes "16" and "17" for injuries sustained from air bag

compartment covers)

(3) Possible

(9) Unknown

excluding hardware or armrests

(21) Left side hardware or armrest

(22) Left A (A1/A2)-pillar

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		AIR BAGS	
		Left	Right
F	Availability/Function		
R	Deployment		
S	Failure		

Air Bag System Availability/Function

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):
- (3) Air bag not reinstalled
- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

Are There Indigations of Air Bag System Failure?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (9) Unknown



AUTOMATIC BELTS

	Left	Right
Availability/Function		
F Use		
R Type		A Comment
S T Proper Use		, parties and the second secon
Failure Modes		

Automatic (Passive) Belt System Availability/Function

- (O) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)
- (3) Automatic belt use unknown
- (9) Unknown

Automatic (Passive) Belt System Type

- (O) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (O) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):
- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous

	page.			
_		Left	Center	Right
_	Availability			
i	Evidence of usage			
R	Used in this crash?	HOLLTS	MO 18	10 15
S	Proper Use	36-	BEL	1 BEL.
	Failure Modes			
	Availability			
Ĕ	Evidence of usage			
OZOU OZOU	Used in this crash?			
Ň	Proper Use			
D	Failure Modes			
0	Availability			
+	Evidence of usage			
Ĥ	Used in this crash?		./	
E R	Proper Use			
K	Failure Modes			

Manual	(Active)	Relt	System	Availability
MINIMO	MCUVOI	DOIL	24260111	

- (O) None available
- Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (O1) Inoperable (specify):
- Shoulder belt
- (03)Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):
- Shoulder belt used with child safety seat
- (13)Lap belt used with child safety seat
- (14)Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat -
- type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm(4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- Lap belt worn on abdomen
- Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):
- (9) Unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available(1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

Wi	nen a child safety seat is pro e occupant's number using	HILD SAFETY esent enter the occ the codes listed b	upant's numb	er in the firs	t row and co	omplete the col hild safety sea	umn below it present.	
Oc	cupant Number							
1.	Type of Child Safety Seat)		
2.	Child Safety Seat Orientation							
3.	Child Safety Seat Harness Usage				/			
4.	Child Safety Seat Shield Usage							
5.	Child Safety Seat Tether Usage			/				
6.	Child Safety Seat Make/Model		Specify Bo	elow for Eac	h Child Safe	ety Seat		
	Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety (8) Unknown child safety (9) Unknown if child safet Child Safety Seat Orientar	/ 4.	 Child Safety Seat Harness Usage Child Safety Seat Shield Usage Child Safety Seat Tether Usage Note: Options Below Are Used for Variables 3-5. (00) No child safety seat Not Designed with Harness/Shield/Tether (01) After market harness/shield/tether added, not used 					
	(00) No child safety seat Designed for Rear Facing This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (sp. (09) Unknown orientation Designed for Forward Fac Age/Weight (11) Rear facing (12) Forward facing (18) Other orientation (sp.	ecify):		(03) Child harne (09) Unknown I (21) Harne (22) Harne (29) Unknown I (29) Unknown	safety seat ss/shield/tet own if harned or used With Harness ss/shield/tet own if harned f Designed Ness/shield/tet own if harned	ess/shield/tethe s/Shield/Tether ther not used ther used ess/shield/tethe With Harness/S ther not used	ofter market er er used Shield/Tether er used	
	Unknown Design or Orien Age/Weight, or Unknown (21) Rear facing (22) Forward facing (28) Other orientation (sp	tation For This Age/Weight	6.	Child Safet	y Seat Make	-		

(29) Unknown orientation

(99) Unknown if child safety seat used

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F	Head Restraint Type/Damage	6	0	\Diamond
l R	Seat Type	05	05	05
S	Seat Performance	l	1	1
	Seat Orientation			
S	Head Restraint Type/Damage	/		1
E C	Seat Type			
0 N	Seat Performance			
D	Seat Orientation			
т	Head Restraint Type/Damage			
H	Seat Type			
Ŕ	Seat Performance			
D	Seat Orientation			
0	Head Restraint Type/Damage		/	
Ť	Seat Type			
E	Seat Performance	/.		
R	Seat Orientation	/	/	1

Head Restraint Type/Damage by Occupant at This Occupant Position

- No head restraints
- (1) Integral no damage
 (2) Integral damaged during accident
- (3) Adjustable no damage
 (4) Adjustable damaged during accident
- (5) Add-on no damage(6) Add-on damaged during accident
- (8) Other Specify):
- (9) Unknown

Seat Type (this Occupant Position)

- Occupant not seated or no seat
- Bucket (01)
- (02) Bucket with folding back
- (03)Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06)Split bench with separate back cushions
- (07)Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):
- Box mounted seat (i.e., van type) (10)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:
- Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):
- (7) Combination of above (specify):
- (8) Other (specify):
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- Side facing seat (outward)
- (8) Other (specify):
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

Comin th	nplete the following if the research ne vehicle. Code the appropriate CTION No [>] Yes [] cribe indications of ejection and l	JECTION/ ner has any indata on the	ENTRAPN dication that Occupant A	MENT DA t an occupar ssessment l	nt was either Form.	ejected from or e	
	of windshie	id w/	head.	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	Occupant Number						
	Ejection						
	(Note on Vehicle Interior Sketch) Ejection Area						
	Ejection Medium						
	Medium Status		·				
(2) (3) (9) Eject (1)	Complete ejection Partial ejection Ejection, Unknown degree Unknown ion Area Windshield	(9) Unknown (1) Door/	edium hatch/tailga	cify):	(5) Integral structure (8) Other medium (specify): (9) Unknown Medium Status (Immediately Prito Impact) (1) Open		
(2) Left front(3) Right front(4) Left rear(5) Right rear(6) Rear		(3) Fixed glazing (osed egral structure iknown	
	RAPMENT No (Yes [ribe entrapment mechanism:	-					
						•	

Component(s):___

(Note in vehicle interior diagram)



OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

National Highway Traffic Safety Administration NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1 Primary Samulian Unit Number	OCCUPANT'S SEATING
1. Primary Sampling Unit Number 0 4	10. Occupant's Seat Position
2. Case Number - Stratum <u>O 8 5 C</u>	Front Seat
3. Vehicle Number	(11) Left side (12) Middle
4. Occupant Number	(13) Right side
OCCUPANT'S CHARACTERISTICS	(14) Other (specify): (15) On or in the lap of another occupant
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown	Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant
6. Occupant's Sex (1) Male (2) Female (9) Unknown	Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant
7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown 1 I inches X 2.54 = I 8 0 centimeters	Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown
8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown 110 pounds X .4536 = 17 kilograms 9. Occupant's Role (1) Driver (2) Passenger (9) Unknown	11. Occupant's Posture (0) Normal posture Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): (9) Unknown

		EJECTION/EI	NTRAPMENT
(1) (2) (3)	ction No ejection Complete ejection Partial ejection Ejection, unknown degree Unknown	<u>7</u>	15. Medium Status (Immediately Prior To Impact) 2 (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
(0) (1) (2) (3) (4) (5) (6) (7) (8)	No ejection Windshield Left front Right front Left rear Right rear Rear Roof Other area (e.g., back of pickup, (specify): Unknown	etc.)	16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown
(0) (1) (2) (3) (4) (5) (8)	ction Medium No ejection Door/hatch/tailgate Nonfixed roof structure Fixed glazing Nonfixed glazing (specify): Integral structure Other medium (specify): Unknown	3	

		RESTRAINT	SYSI	FIVI	EVA	ALUATION	
17.	Manual (Active) Bet (0) None available (1) Belt removed/c (2) Shoulder belt (3) Lap belt (4) Lap and should (5) Belt available—	lestroyed der belt	0	21.	(0) (1) <i>Not</i>	Bag System Availability/Function Not equipped/not available Air bag n-functional Air bag disconnected (specify):	0
		y Destroyed lap belt destroyed/removed) der belt destroyed/removed)				Air bag not reinstalled Unknown	
	(8) Other belt (spe	ecify):		22.		Bag System Deployment	0
	(9) Unknown					Not equipped/not available Air bag deployed during accident (as a result of impact)	
18.	Manual (Active) Bel (00) None used, no removed/destr (01) Inoperative (sp	ot available, or belt oyed	0 0		(3)	Air bag deployed inadvertently just prior to accident Air bag deployed, accident sequence undetermined Nondeployed	
	(02) Shoulder belt (03) Lap belt (04) Lap and should (05) Belt used—typ (08) Other belt use	e unknown			(5) (6)	Unknown if deployed Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) Unknown	י
	(13) Lap belt used (14) Lap and should safety seat (15) Belt used with	used with child safety seat with child safety seat der belt used with child child safety seat—type unk d with child safety seat	nown	23.	Sys (0) (1) (2)	There Indications of Air Bag stem Failure? Not equipped/not available No Yes (specify):	_0
			\sim		(9)	Unknown	
19.	Proper Use of Manu (0) None used or n (1) Belt used prope (2) Belt used prope	ot available	0		Not	e: See Variables 44 through 48 (Page 5) for Information on Automatic Belts	
	(5) Belt worn arour(6) Lap belt worn of(7) Lap belt or lap a	orn under arm orn behind back or seat nd more than one person		24.	(0) (1) (2) (3) (4)	ce Reported Restraint Use None used Police did not indicate restraint use Shoulder belt Lap belt Lap and shoulder belt	<u>O</u>
	(8) Other improper (specify):	use of manual belt system			(6)	Belt used, type not specified Child safety seat Other or automatic restraint (specify):	
	(9) Unknown					Restrained, type unknown Police indicated "unknown"	
20.	included) (3) Broken buckle (4) Upper anchorag (5) Other anchorag (6) Broken retracto	used failure(s) stretched webbing not or latchplate le separated e separated (specify):	<u>\(\rightarrow\) \(\rightarrow\) \(\rightarrow\)</u>		(0)	. Silos moloscos diminormi	
	(7) Combination of(8) Other manual b						
	(9) Unknown						

	HEAD RESTRAINT ANI	D SEAT EVALUATION
25.	Head Restraint Type/Damage by Occupant at This Occupant Position (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify):	27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (specify): (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify):
26.	Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify): (10) Box mounted seat (i.e., van type) (99) Unknown	(7) Combination of above (specify): (8) Other (specify): (9) Unknown

FETY SEAT
31. Child Safety Seat Harness Usage O O Seat Harness Usage O O O O O O O O O O O O O
33. Child Safety Seat Tether Usage Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat
Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used
Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used

	INJURY CONSEQUENCES	0 7
34.	Injury Severity (Police Rating) 3	38. Working Days Lost Code the number of days (up through 60) that the assurant
	 (0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident 	(up through 60) that the occupant lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown
	(9) Unknown	STOP - GO TO VARIABLE 44 ON PAGE 7
35.	Treatment - Mortality (0) No treatment (1) Fatal	VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER
	(2) Fatal - ruled disease (specify): Nonfatal (3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (8) Treatment - other (specify): (9) Unknown	29. Time to Death Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, n days = 30 + n up through 30 days = 60) (00) Not fatal (96) Fatal - ruled disease (99) Unknown
36.	Type Of Medical Facility (for Initial Treatment) (0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility (8) Other (specify):	40. 1st Medically Reported Cause of Death 41. 2nd Medically Reported Cause of Death 42. 3rd Medically Reported Cause of Death Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death (00) Not fatal or no additional causes (96) Mode of death given but specific injuries are not linked to cause of death. (specify):
37.	Hospital Stay (00) Not Hospitalized Code the number of days (up through 60) that the occupant stayed in hospital. (61) 61 days or more (99) Unknown	(97) Other result (includes fatal ruled disease) (specify): (99) Unknown
		43. Number of Recorded Injuries for This Occupant Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured

	AUTOMATIC BELT SYSTEM	48	Automatic (Passive) Belt Failure Modes
44.	Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown Non-functional (4) Automatic belts destroyed or rendered	40.	During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor
45	inoperative (9) Unknown		(7) Combination of above (specify):(8) Other automatic belt failure (specify):(9) Unknown
45.	Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown	49.	Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify): (9) Unknown
46.	Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown		Check the Primary Source Used In Determining Belt
47.	Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system (specify): (9) Unknown		Use. [] Not equipped/not available/destroyed or rendered inoperative [] Vehicle inspection [] Official injury data [] Driver/occupant interview [] Other (specify): [] Unknown if belt used
	ARE ALL APPLICABLE MEDICAL RECOR	RDS	INCLUDED NO [:] YES [\forall]
	UPDATE CANDIDATE?		NO [K] YES []

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA

- 50. Glasgow Coma Scale (GCS) Score (at Medical Facility)
- 02

- (00) Not injured
- (01) Injured not treated at medical facility
- (02) No GCS Score at medical facility
- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured
- 51. Was the Occupant Given Blood?
 - (1) No blood not given
 - (2) Yes blood given (specify units):
 - (9) Unknown if blood given
- 52. Arterial Blood Gases (ABG) HCO3



- (00) Not injured
- (01) Injured, ABGs not measured or reported (02-50) Code the actual value of theHCO₃
- (96) ABGs reported , HCO₃ unknown
- (97) Injured, details unknown
- (99) Unknown if injured

BELT USE DETERMINATION

- 53. Primary Source of Belt Use Determination
 (0) Not equipped/not available/destroyed
 - or rendered inoperative

 1) Vehicle inspection
 - (2) Official injury data
 - (3) Driver/occupant interview
 - (8) Other (specify):
 - (9) Unknown if belt used





Administration

U.S. Department of Transportation
National Highway Traffic Safety

OCCUPANT INJURY FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

0 x 5 C

3. Vehicle Number

07

2. Case Number - Stratum

4. Occupant Number

INJURY DATA

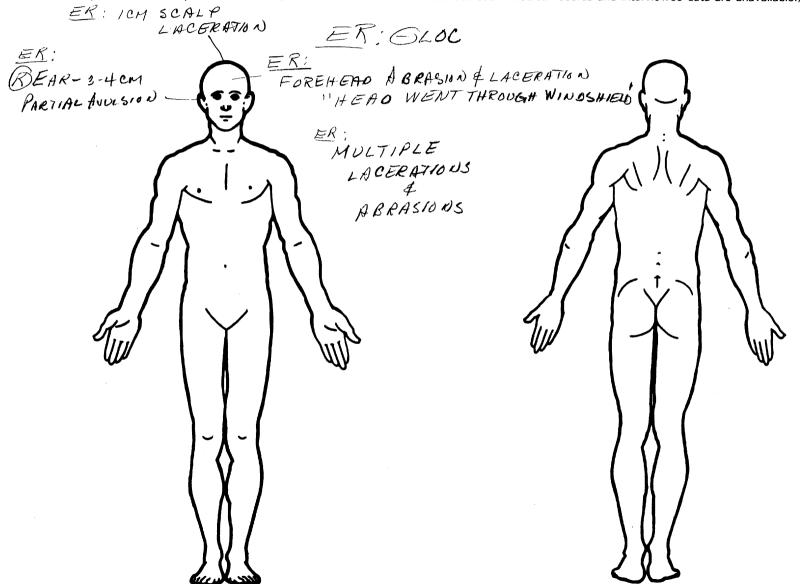
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

				A.I.S	90		_		Injury		Occupant
	Source	D - 4	Type of	Specific	المراجع المراجع	A.I.S.		Injury	Source Confidence	Direct/ Indirect	Area Intrusion
	of Injury Data	Body Region	Anatomic Structure			Severity	Aspect		Level	Injury	Number
							· · · · · · · · · · · · · · · · · · ·				
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2nd	16. 2	17. <u>/</u>	18. 7	19. 06	20. 0	21/	22.	23.0/	24	25. /	26.00_
Land	head	abra	asir								
Jon	2	<i>(</i>	6	15	1/1 1		ク	Λ/	,	,	22
3rd	<u>27. ح</u>	28.	29. 7	30. <u>O</u>	31.0	32	33. \perp	34. <u>0 /</u>	35/ 3	36. <u>/</u>	37
			eration								
Jac	2	2	a	1/-	(17)	1	7	01			00
4th	38.	39.	40. 7	41. <u>00</u>	42. 00	43. <u>/</u>	44.	45. 01	46	47	48
1											
5th	49	50	51	52	53	54	5 5	56	57	58	59
											<u>.</u>
6th	60	61	62	63	64	65	66	67	68	69	70
					•						
7th	71	72	73	74	75	76	77	78	79	80	81
8th	82	83	84	85	86	87	88	89	90	91	92
			0.5				00	100	101	00 1	00
9th	93	94	эь	96	9/	98	99	100	101 1	U2 1	U3
					100	400	440		440	40	
10th	104	105 1	106 1	07	108	109	110	111	112 1	13 1	114
											•
1											

	OCCUPANT INJURY DATA										
	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S 90 Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
11th		<u> </u>									
12th					· ·						
13th	_			<u> </u>							
14th	- <u>-</u> - k)			· · · · ·							
15th			_		<u>-11 -14</u> -1						
16th											
17th										왕 (1) (1) (1) 보기 (1) (1) 보기 (1) (1) 보기 (1) (1) (1)	
18th											
19th											
20th											
21st											
22 nd											
23rd						-			_		
24th									_	_	
25th		<u></u>							<u></u>	<u> </u>	

OFFICIAL INJURY DATA - SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital/ medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lav coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify):
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover (18) Windshield reinforced by exterior object (specify):
- (19) Other front object (specify):

LEFT SIDE

- (20) Left side interior surface. excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify):

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify):
- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify):
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify):
- (47) Interior loose objects
- (48) Child safety seat (specify):
- (49) Other interior object (specify):

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail (53) Roof right side rail
- (54) Roof or convertible top
- **FLOOR**
- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

RFAR

(60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

EXTERIOR of OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- Other exterior surface or tires (specify):
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify):
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify)
- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify):
- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE **ENVIRONMENT**

- (84) Ground
- (85) Other vehicle or object (specify)
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify):
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- Indirect contact injury (2)
- Noncontact injury (3)
- Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

- Head
- Face Neck
- Thorax (5)
- Abdomen (6)Spine
- **Upper Extremity**
- (8) Lower Extremity Unspecified
- Whole Area
- (3) Nerves
- Organs (includes muscles/ ligaments)
- Skeletal (includes joints)

Type of Anatomic Structure

- Head LOC
- Skin (9)

Specific Anatomic Structure

- Whole Area (02) Skin Abrasion (04) Skin Contusion
- Skin Laceration (08) Skin - Avulsion
- (10)Amputation Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

- (02) Cervical
- (04) Thoracic (06) Lumbar
- Vessels, Nerves, Organs. Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- Minor injury
- Moderate injury Serious injury
- Severe injury
- (5)Critical injury Maximum (untreatable)

(7)Injured, unknown severity

Aspect

- Right
- Left
- Bilateral Central
- (4) (5) Anterior
- Posterior (7) Superior
- Inferior Unknown
- Whole region

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

__No

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/dl)

BAL = 350

Glasgow Coma Scale Score

gcss = NR

Units of Blood Given

Units =

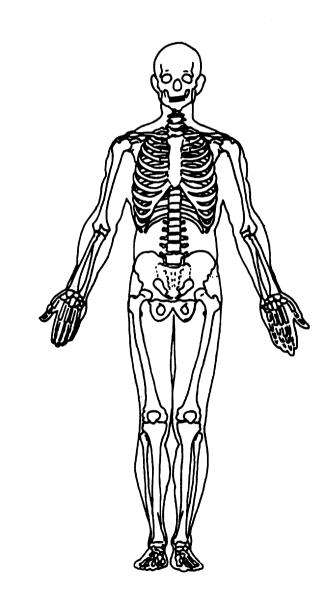
Arterial Blood Gases

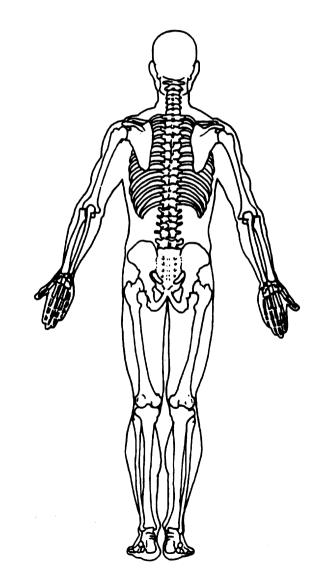
pH = __.__

PO₂=

PCO,

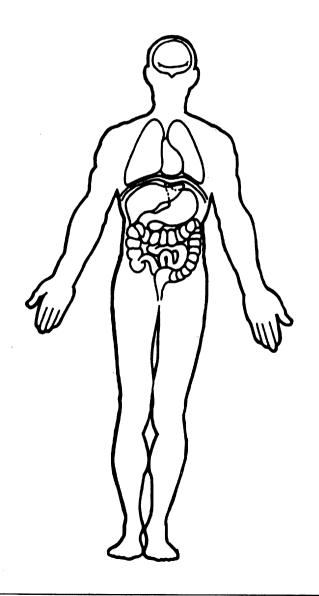
That Reforted

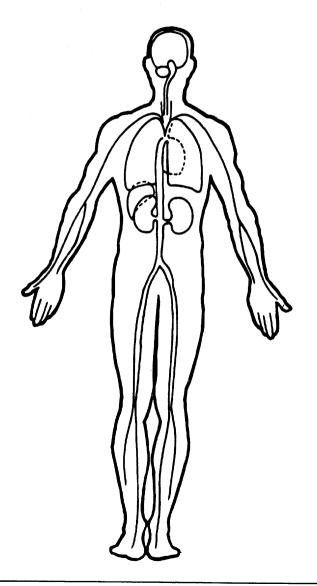




OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





24 - wide



CRASHPC PROGRAM SUMMARY

National	Highway	Traffic	Safety

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM

Administration				CI	RASHWORTHINESS	S DATA SYSTEM
Identifying Title						
04	085 (<u> </u>	0 1		9	4
Primary Sampling Unit	Case NoStratum		Accident Event Sequence No.	Date (Month	, day, year) of Ru	n
CRASHPC Vehicle Id	dentification					
Vehicle 1	1994	Buick		Regal		1
Vehicle 2	1963	Chevero	olet	C-10 P	10	2
	Year	Make		Model		NASS Veh. No.
		GENERAL II	NEORMAT	ION		
	VEHICLE I			VEHICL	F 2	
Size	• • • • • • • • • • • • • • • • • • • •	3	Size	v		Ц
Weight			Weight			
1.514+ 171 +	0 = 1 6 8	3 5 kg	1492	+ 77 + 0 =	- 1 5 6	G ka
Curb Occupant(s)			Curb	Occupant(s) Cargo	- <u> </u>	_ <u>7</u> kg
CDC _(OBBYE	6 W	CDC	1 2	FZE	wa
PDOF (-180 to +180	0) 9.1.	700	PDOF (-	180 to +180)	<u>⊕</u> 0	100
Stiffness		3	Stiffness			8
						<u> </u>
		SCENE IN	FORMATIO	ON		
Rest and Impact Pos	sitions [] No, <i>Go 1</i>	To Damage In	formation	[] Yes		
	VEHICLE 1			VEHICLI	E 2	
Rest	~	m	Doot	~		
Position	X	· m	Rest Position	X		_ · m
	Υ	m		Y		_ · m
ı	PSI			PSI		 0
Impact	X	m	<u>I</u> mpact	X		. m
Position	Υ	m	Position	Y		_ · ''' . m
	PSI			PSI		_ · ·
Slip Angle(-180 to +		o	Slip Ang	le (-180 to +180)		0
		VEHICI	E MOTION			
6 16	- 1 AT - 1 N					
Sustained Contact						
,	VEHICLE 1			VEHICLE	₹ 2	
Vehicle Rotation	[] No	[] Yes	Vehicle f	Rotation	[] No	[] Yes
Rotation Stop Be	efore Rest [] No	[] Yes		tion Stop Before Res		[] Yes
End of Rotation Position	х	m	End (Posit	of Rotation X		m
i Osition	Υ	m	FUSIL	tion Y		
	PSI	o		PSI		0
Curved Path	[] No	1 1 Yes	Curved F	Path	[] No	f 1 Vac
Point on Path	유명의 교육 (10 July 1030 #추시다 "왕조는 교육인 -			t on Path	i ivo	1 1 1 50
	m Y	m		m	Υ	. m
	[] None [] CW		Rotation	Direction [] Nor > 360° [] No	ne [] CW	

FRICTION	INFORMATION	TRAJECTO	RY INFORMATION
Coefficient of Friction		Trajectory Data [] No [] Yes
Rolling Resistance Op		If No, Go To Damage	e Information
		Vehicle 1 Steer Angl	
Vehicle 1 Rolling I	Resistance	i	
	RF	IR —	O RF O O O O O O O O O O O O O O O O O O
1	RR		
		Vehicle 2 Steer Angl	es
Vehicle 2 Rolling I	Resistance		O RF 0
LF	RF		° RR °
LR	RR		
		Terrain Boundary (] No [] Yes
		First Point	
		X n	n Y n
		Second Point	
		Xm	Y m
		Secondary Coefficien	nt of Friction
	DAMAGE IN	FORMATION	
V	EHICLE 1	V	'EHICLE 2
Damage Length	L <u>1 4 2</u> cm	Damage Length	L <u> 8 4</u> cm
Crush Depths	C ₁ 28 cm	Crush Depths	C ₁ 2 cm
•	C ₂	Cross Populo	$C_2 \qquad 3 \text{ cm}$
	C ₃ 8 cm		$C_3 \qquad 5 \text{ cm}$
	C ₄		C ₄
	C ₆ 5_ cm		$C_6 \qquad I \qquad G$ cm
	C ₆		$C_6 = 49$ cm
Damage Offset	D $\stackrel{\triangle}{=}$ $\frac{3}{7}$ cm	Damage Offset	D ⊕ <u> </u>
IF THIS COMMON IMP	PACT WAS WITH A MOTOR VEHICL	F NOT IN TRANSPORT FILL	IN THE INFORMATION RELOW
			e Data and Damage Information
		for this vehicle should I	be recorded above.
V 1/V.			
Complete ar	nd ATTACH the appropriate vehic	le damage skotch and 4:	consions to the Farm
Joinplote di	a fire the appropriate verile	ie damaye sketcii and dill	iensions to the form.

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

SUMMARY OF CRASHPC RESULTS USING DAMAGE

CRASH3 RECONSTRUCTION

SPEED CHANGE (DAMAGE)

VEHICLE #1

TOTAL 23 KPH (15 MPH)
LONGITUDINAL 23 KPH (14 MPH)
LATITUDINAL 4 KPH (3 MPH)

PDOF ANGLE -170 DEGREES

ENERGY DISSIPATED = 33940 JOULES (25030 FT-LB)

VEHICLE #2

TOTAL 25 KPH (16 MPH)
LONGITUDINAL -25 KPH (-15 MPH)
LATITUDINAL -4 KPH (-3 MPH)
PDOF ANGLE 10 DEGREES

ENERGY DISSIPATED = 44800 JOULES (33038 FT-LB)

PRESS ANY KEY TO CONTINUE

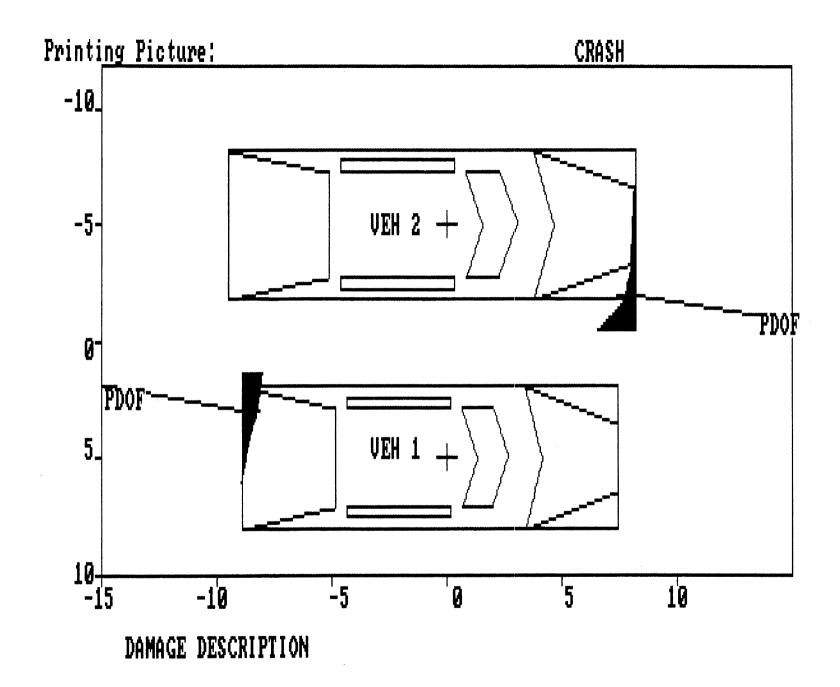
INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

DAMAGE DATA

VEHICLE #1 VEHICLE #2

SIZE CATEGORY 3 4 3 STIFFNESS CATEGORY 8 VEHICLE WEIGHT 1685 KGS (3715 LBS) 1569 KGS (3459 LBS) CDC O6BYEW2 12FZEW2 PDOF ANGLE -170 DEGREES 10 DEGREES CRUSH LENGTH 142 CM. (56 IN.) 184 CM. (72 IN.) 28 CM. (C111 IN.) 1 IN.) 2 CM. (02 24 CM. (9 IN.) 3 CM. (1 IN.) 18 CM. (C3 7 IN.) 5 CM. (2 IN.) C4 11 CM. (4 IN.) 6 CM. (2 IN.) 05 5 CM. (2 IN.) 14 CM. (6 IN.) C6 O CM. (O IN.) 49 CM. (19 IN.) -37 CM. (-15 IN.) D 47 CM. (19 IN.) D, -62 CM. (-24 IN.) 94 CM. (37 IN.)

(* INDICATES DEFAULT VALUE)
PRESS ANY KEY TO CONTINUE



```
0408500000011 947.0300000000000221500000003 94 94 95 95 95 94013769000
002071000028516
04085C00010012 947.031000000000103B0215F
              947.031000000000103L63000
04085000020012
04085000030012
               3947.0310000000000103T3100N
                 7.03 0000000009418020042G4WB55L7R
04085001000021
510000002003293261023+023+0040339111
                 04085001000022
04085001000031
                 7.03 00000000010206BYEW02033100TYDD0314202B024018011005000-
037
                        11273000104040101001000
04085001000041
                 7.03 00000000113133000002060068000000001020020010200100
04085001000042
                 7.03 0000000002319622119321312211212211214111314111111411
                       0000029100
04085C01010051
                 7.03 0000000069117509811100000000001414301800000000000342
00100000000001211111151011
04085C01010161
                 7.03 000000000384060211922300
04085C01020051
                 7.03 0000000059216007321300000000000004301800000000000331
01100000000001211111151011
04085001020161
                 7.03 000000000251509970413100
04085002000021
                 7.03 0000000006320481313C144T12127
                                                     19991990720124101011
49000000003263291025-025-0040448110
04085C02000022
                 310000000015100
04085002000031
                 7.03 000000000010112FZEW02
                                                   184002003005006014049+
047
                        01292000909080909099000
04085002000041
                 7.03 00000000011100000000228808030000001880000012200000
                 7.03 000000000
04085002000042
                       0000038080
04085C02010051
                 7.03 000000000271180077111921320000000000005100000000000342
00970000000004000001021010
04085C02010161
                 7.03 000000000329080211011100
04085002010261
                 7.03 000000000319060215011100
04085002010361
                 7.03 000000000329020217011100
                 7.03 000000000329060017011100
04085C02010461
00000000000000
```

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GENERAL VEHICLE Vehicle: 1
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1.1

INTRA ERRORS

OGG2661 2 If ACCIDENT TYPE GV15 equals 25-27, then PRE-EVENT MOVEMENT GV64 GG2662 should equal 02, 03, 13-15 or 99.

GG0421 2 If ROLLOVER GV24 equals 1-9, then BASIS FOR DELTA V GV29 should GG0422 equal 4 or 5.

0

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1

1.1

INTRA ERRORS

OHHO051 2 If OCCUPANT AGE OA05 is greater than 65 and not equal to 99, HH0052 then WORKIN G DAYS LOST OA38 should equal 62 or 97.

HH2001 2 If AIR BAG FUNCTION 0A21 equals 1-3, then AUTOMATIC BELT HH2002 AVAILABILITY 0A44 should equal 0.

HH1091 2 If TREATMENT OA35 equals 0, 4 or 5, then WORKING DAYS LOST OA38 HH1092 should equal 00, 01, 97 or 99.

()

INTERIOR VEHICLE Vehicle: 2

11

INTRA ERRORS

OCCO541 2 ******* THIS CASE SHOWS A POSSIBLE HOLED WINDSHIELD. ****** CCO542 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ****** CCO543 GLAZING WINDSHIELD IV15 equals 3 or 5 or CONTACT COMPONENT IV23 CCO544 equals 3 or 5.

OCCUPANT ASSESSMENT Vehicle: 2 Occupant: 1

11

INTRA ERRORS

OHHO191 2 If OCCUPANT POSITION OA10 equals 11 or 13 and AUTOMATIC BELT HHO192 AVAILABILIT Y OA44 does not equal 2, then MANUAL BELT HHO193 AVAILABILIT Y OA17 should equal 3 or 4.

0

95

PSU04 CASE 085C

CURRENT VERSION: 7.03

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	Ō	0	2	Υ
Vehicle Exterior	0	0	0	Υ
Vehicle Interior	0	O	1	Υ
Occupant Assesment	0	0	4	Υ
Occupant Interior	0	0	0	Υ
Total Inter Errors		0	0	
Total Case Errors	0	O	7	



National Highway Traffic Safety Administration

SLIDE INDEX

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

Administration	malina H	nit Number (Case Number – Stratum O 8 5 C		
Primary Sa	ampling Ur	nit Number <u>O</u>	Case Number — Stratum C C C C		
Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter		
١	1	E	Path of Travel - vehicle Turning		
a	1	ENE	11 11 13		
3	l	NNE	n o H		
Ц		NNE	POI		
5-6	l	7	Post Impact Path of Travel / POI with		
			curb - Rollover Initiation		
7	l	S	FRP		
8	1	W	LOOKback@ Path of Travel - venicle Turning		
9		SSW	sa is the top of		
10	1	S	LOOK back @ at Post Impact Path of		
			Travel- Rollover Initiation		
11		7	LOOKBACK & FRP		
12-14	7	NNE	Path of Travel		
15	2	NNE	POI		
16	2	E	FRP		
17	9	55 W	LOCKBOCK @ Path of Travel		
18	7	ss W	" " POI		
19	2	V	" FRP		
20-58	4		Vehicle Exterior		
			#21-23 - windshield pushed in - Rollover damage		
			#37-39 Filler cap location		
59-78	1		Vehicle Interior		
79-106	2		Venicle Exterior		
107-12	2		vehicle Interior		

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
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PSU 04-085C (1994) #48 Best Available



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PSU 04-085C (1994) #60







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PSU 04-085C (1994) #64 Best Available



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PSU 04-085C (1994) # Best Available







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PSU 04-085C (1994) #97



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OC(1994)#11 Available





PSU 04-085C (1994) #108







P5004-065C(1894)#111



PSU 04-085C (1994)#112



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